

PATHWAYS TO PROLONGED GRIEF AND POSTTRAUMATIC GROWTH: EXAMINING THE ROLES OF
ATTACHMENT, IDENTITY DISTRESS, AND SHATTERED ASSUMPTIONS

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The sudden or violent death of a loved one (e.g., suicide, homicide, accident, etc.) poses unique challenges for the bereaved. Research has found such losses to be associated with higher levels of chronic psychological distress, now termed persistent complex bereavement disorder in the *DSM-5* and prolonged grief disorder in the forthcoming *ICD-11*. The present study, developed through the lens of multidimensional grief theory (MGT), explored underlying mechanisms and risk and protective factors for both prolonged grief and posttraumatic growth. With a mixed college and community sample of 374 traumatically bereaved adults, results of a path analysis suggest that insecure attachment strategies play a significant role in prolonged grief symptoms through the mediators of identity distress and shattered assumptions. Faced with the traumatic loss of a loved one, the ability and desire to effectively access relationships facilitating intentional processing that promotes cognitive reorganization is predicated on the bereaved's internal working model of attachment. Specifically, attachment anxiety in relation to close others and God, and attachment avoidance in relation to close others, were indirectly associated with prolonged grief. However, attachment avoidance in relation to God was negatively associated with both prolonged grief and posttraumatic growth, and there was no evidence for mediation. One explanation for this could be that individuals endorsing divine attachment avoidance are less likely to make negative religious attributions about the death, which have been associated with chronic psychological distress, but are also less likely to be able to utilize the sacred as a context for growth. By considering traumatically bereaved

individuals' internal working model of attachment, level of identity distress, and potentially shattered assumptions, our model accounted for each of MGT's three domains of distress thought to impact post-lost adjustment. That these domains were both inter-related and associated with differential outcomes speaks to the complex nuances of each grief journey and the importance of attending to more than global levels of distress. These results inform the assessment and treatment of individuals bereaved through sudden or violent means.

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And finally, to each research participant, who has been deeply impacted by the pain of traumatic loss. Thank you for giving of yourselves to this project (see Appendix C for participants’ memory dedications). I am inspired by your courage and bravery. Specifically, I want to honor the families of Brittany Whitcomb, whose death in 2010 inextricably shaped me, and Jacqueline Vandagriff, whose life was brutally stolen just down the street from my office, in Denton, Texas, during the writing of this thesis. I dedicate this poem to each of you:

*It's possible I am pushing through solid rock
in flintlike layers, as the ore lies, alone;
I am such a long way in I see no way through,
and no space: everything is close to my face,
and everything close to my face is stone.
I don't have much knowledge yet in grief
so this massive darkness makes me small.
You be the master: make yourself fierce, break in:
then your great transforming will happen to me,
and my great grief cry will happen to you.*

—Rainer Maria Rilke

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PATHWAYS TO PROLONGED GRIEF AND POSTTRAUMATIC GROWTH: EXAMINING THE ROLES OF ATTACHMENT, IDENTITY DISTRESS, AND SHATTERED ASSUMPTIONS

Introduction

Each year, an estimated eight million people in the United States experience the death of a family member (Dennis, 2009), while many more cope with the loss of a romantic partner or close friend. One of the most disorienting experiences across the lifespan, the death of a loved one can result in significant psychological distress (Prigerson et al., 2009). Bereavement is understood as a universal and often adaptive human response, but at times can lead to clinically significant impairment. An extensive literature has explored risk factors for prolonged grief (Prigerson et al., 2009), now referred to as Persistent Complex Bereavement Disorder (PCBD) in the *Diagnostic and Statistical Manual of Disorders, Fifth Edition* (DSM-5; American Psychiatric Association [APA], 2013) and Prolonged Grief Disorder in the forthcoming *International Classification of Diseases, 11th Revision* (ICD-11; World Health Organization [WHO], 2018). Researchers have also noted the human capacity to grow and thrive following loss, conceptualized as posttraumatic growth (PTG; Calhoun, Tedeschi, Cann, & Hanks, 2010). However, limited research to date has examined positive and negative outcomes concurrently, and much remains unknown about the role of religious/spiritual factors in how the bereaved cope. Additionally, the inherently traumatic nature of sudden or violent losses, including suicides, homicides, accidents, terrorist attacks, and natural disasters, may complicate or confound the bereavement process (Kaplow & Layne, 2014).

Theoretical Context and Framework

Over the last century, the scientific study of bereavement has made significant advances from a limited theory of intrapsychic detachment to a rich and multi-faceted conceptualization that considers individual factors (e.g., personality, attachment, religious/spiritual beliefs), environmental influences (e.g., culture, social/family relationships), and the interplay between the two that is fundamentally involved in coping, making meaning, and adapting to loss. Increasing the complexity of efforts to define grief, some scholars have identified multiple symptom domains. Kaplow et al. (2013) posited that adaptive and maladaptive grief reactions do not exist in disparate categories (e.g., “X is an adaptive reaction, but Y is not”), but instead can be placed on a continuum within multiple domains of distress.

These researchers proposed multidimensional grief theory (MGT) to account for “causal risk factors, causal consequences, key mediators and moderators, and developmentally-linked manifestations of grief,” that are not currently addressed in the PCBD diagnostic criteria (Kaplow et al., 2013, p. 325). Rather than using the global term psychological distress, Kaplow and colleagues (2013) identified three specific domains of distress that may differentially predict outcomes: separation distress, existential/identity distress, and circumstance-related distress. Challenging the binary between adaptive and pathological bereavement, this theory integrates diverse perspectives within a nuanced framework, which informed our study design and analysis.

Traumatic Loss and Psychological Functioning

Noting the individualized nature of grief, Kaplow and colleagues (2013) criticized

designations that rely too heavily on length of symptoms (e.g., persisting for >12 months per DSM-5 criteria), with less attention given to underlying mechanisms and risk and protective factors. Research consistently demonstrates that circumstances surrounding the death of a loved one (e.g., cause, suddenness) and one's relationship with the deceased (e.g., close vs. more distant) significantly influence both the intensity and persistence of grief reactions (Holland & Neimeyer, 2011; Shear, Boelen, & Neimeyer 2011). Notably, *traumatic bereavement* is included as a DSM-5 specifier for PCBD, and is defined as "bereavement due to homicide or suicide with persistent distressing preoccupations regarding the traumatic nature of the death (often in response to loss reminders), including the deceased's last moments, degree of suffering or mutilating injury, or the malicious or intentional nature of the death" (APA, 2013, p. 790). The loss of an attachment-like figure has also been associated with higher levels of prolonged psychological distress (Holland & Neimeyer, 2011; Shear et al., 2011). As such, individuals who experience the sudden or violent death of a loved one potentially face a double dose of risk factors, may take longer to recover, and are particularly vulnerable to exacerbated grief reactions.

While many seminal grief studies have explored the maladaptive outcomes of grief, some bereaved individuals report experiencing positive psychological changes in the context of adversity (Calhoun et al., 2010; Engelkemeyer & Marwit, 2008). Research to date suggests that traumatic loss may be uniquely associated with posttraumatic growth. Among university students, Currier, Malott, Martinez, Sandy, and Neimeyer (2013) found that participants who had lost loved ones through a violent death reported higher levels of both psychological distress and posttraumatic growth than those bereaved by non-violent causes. Among students

and community members, Armstrong and Shakespeare-Finch (2011) reported that losses self-appraised as more violent or traumatic were associated with higher levels of growth.

Multiple studies have established a curvilinear relationship between posttraumatic stress and posttraumatic growth (Kleim & Ehlers, 2009; Shakespeare-Finch & Lurie-Beck, 2014). While comparatively little research has examined the connection between prolonged grief and posttraumatic growth, Engelkemeyer and Marwit (2008) found an inverse correlation among bereaved parents. In contrast, Currier, Holland, and Neimeyer (2012) reported a curvilinear relationship among bereaved college students. This finding was replicated among community members who lost a first-degree relative or romantic partner (Yilmaz & Zara, 2016). It seems that if a loss does not bring about at least some measure of psychological distress, there may be little need to search for meaning or re-evaluate one's life (Calhoun et al., 2010). However, in the context of overwhelming distress, bereaved individuals may lack the psychological resources and wherewithal necessary to facilitate personal growth (Currier et al., 2013). In a comprehensive review, Kristensen, Weisaeth, and Heir (2012) called for future investigations to examine prolonged grief and posttraumatic growth concurrently and explore mediating factors.

Attachment Processes in the Context of Bereavement

The ability to seek out and benefit from social support amidst bereavement is influenced by prior relational experiences. Stroebe, Schut, and Stroebe (2005) proposed that the bereaved's internal working models (IWMs) of attachment relationships shape "the course, intensity, and way of grieving" (p. 58). Attachment anxiety reflects insecurity about and preoccupation with close others' accessibility and willingness to provide emotional support,

while attachment avoidance is a predisposition toward excessive self-reliance and emotional distancing, displayed in reticence to turn toward others for care and support (Fraley & Shaver, 2000). Numerous studies support the relationship between heightened attachment anxiety and prolonged grief (Currier, Irish, Neimeyer, & Foster, 2015; Ho, Chan, Ma, & Field, 2013; Meier, Carr, Currier, & Neimeyer, 2013), whereas attachment avoidance is sometimes significantly associated with increased grief symptoms (Currier, et al., 2015; Mancini & Bonanno, 2012; Yu, He, Xu, Wang, & Prigerson, 2016), and sometimes not (Meier et al., 2013). Some researchers maintain that attachment avoidance can be adaptive in protecting against preoccupation with and rumination about the deceased (Fraley & Bonanno, 2004; Ho et al., 2013). Yet despite minimizing psychological distress short-term, attachment avoidance may disrupt the grief process necessary for attachment reorganization (Wijngaards-de Meij et al., 2007), predisposing the bereaved to what Main and Goldwyn (1998) described as an unresolved state of mind with regard to loss. This may be particularly likely when the death is sudden or violent (Meier et al., 2013).

Significantly fewer studies have explored attachment in relation to posttraumatic growth. Overall, secure attachment appears to be a protective factor against grief-related distress (Stroebe et al., 2005) and is associated with growth (Cohen & Katz, 2015). Attachment avoidance has been negatively associated with posttraumatic growth following the death of a sibling (Cohen & Katz, 2015), a school shooting (Turunen et al., 2014), and in a community sample reporting various losses (Yu et al., 2016). Findings are mixed concerning attachment anxiety, with both positive (Yu et al., 2016) and nonsignificant (Cohen & Katz, 2015)

relationships with posttraumatic growth reported. Little is known about potential intervening mechanisms.

Conceptualizing religion and spirituality in the context of attachment, Kirkpatrick (1992) proposed that individuals' experiences with a divine other would either (a) correspond with their IWMs in human attachment relationships, or (b) in some way compensate for lack of emotional safety and security within these relationships. Numerous studies have found a positive relationship between attachment to parents and attachment to God (Cassibba, Granqvist, Constantini, & Gatto, 2008; Granqvist, Ljungdahl, & Dickie, 2007). Positive associations have also been found between attachment toward one's romantic partner and attachment to God (Reiner, Anderson, Hall, & Hall, 2010; Sandage, Jankowski, Crabtree, & Schweer, 2015). However, other studies point to a divine attachment relationship as offering some form of psychological compensation (Kirkpatrick, 1997, 1998). At this time, there is no clear consensus between these hypotheses. In the grief literature specifically, increased religion and/or spirituality has been associated with decreased grief symptomology across time (Brown, Nesse, House, & Utz, 2004). Because death of a loved one represents a lost attachment (Bowlby, 1980) and can result in existential/spiritual struggle and change (Pargament, Murray-Swank, Magyar, & Ano, 2005), the IWMs of bereaved individuals are an important area of empirical focus.

Identity Distress and Psychological Functioning

The death of a loved one can profoundly impact the bereaved's sense of self (Kaplow et al., 2013). Neimeyer (2009) aptly noted, "The loss of a primary figure who provides critical

‘mirroring’ risks eroding the selfhood of the survivor” (p. 2). Research has begun to explore this process of identity negotiation and reconstruction following death of a spouse (Bauer & Bonanno, 2001; Dutton & Zisook, 2005), child (Toller, 2008; Jones, 2014), and parent (Cait, 2005; Umberson, 2003). More than just yearning for and missing their loved one, a notable theme is the subjective sense of *having lost a part of oneself*. This is particularly likely if the bereaved’s sense of identity was found primarily within their lost relationship (Maccallum & Bryant, 2013). In such cases, the death represents a threat to the self—one’s principle or core identity (Burke & Stets, 2009). When a death is sudden or violent, identity confusion and distress may be more prominent and confounding. The inability to reconstruct a coherent sense of self post-loss has been associated with prolonged grief symptoms (Boelen, van den Bout, & van den Hout, 2006), making this an important intervening variable to consider. With regard to posttraumatic growth, identity changes have been conceptually discussed in the literature (Berger, 2015; Maitlis, 2009), but empirical investigations have often relied on ethnicity or religion as identity markers, rather than directly measuring identity distress.

Maccallum and Bryant (2013) theorized that attachment may play a key role in identity reconstruction following loss. Lacking a secure model of self, anxiously attached individuals are apt to rely heavily on close others as a primary—if not sole—source of self-definition. They may unquestioningly internalize others’ appraisals, drawing identity from others’ evaluations of them at the expense of critical self-reflection (Pittman, Keiley, Kerpelma, & Vaughn, 2011). Consequently, people high in attachment anxiety may display greater levels of identity distress post-loss and experience more doubt about their ability to function without their loved one (Maccallum & Bryant, 2013). In contrast, individuals high in attachment avoidance lack a secure

model of others, and thus, may be less likely to draw their identity from close relationships or seek support from others following the death of a loved one (Pittman et al., 2011). Whether an avoidant attachment strategy ultimately results in less identity disruption and psychological distress, or, if such distress is internally present, but not apparent to others, remains to be seen. Overall, there is a dearth of literature examining identity disruptions in the context of bereavement. In one notable exception, Papa and Lancaster (2016) found that identity distress mediated the relationship between relational self-construals and prolonged grief.

Shattered Assumptions and Post-Loss Adjustment

Janoff-Bulman (1992) proposed three over-arching assumptions as foundational to psychological well-being: the world as benevolent (versus hostile and dangerous), the world as meaningful (in contrast with random or out of control), and the self as worthy (rather than worthless or undeserving). Traumatic life events are psychologically destructive because they shatter people's assumptions and destroy long-held perceptions of how the world *should* operate, often precipitating a crisis of meaning. When faced with traumatic loss, individuals often experience the shocking discrepancy between their previously-held assumptions and their current reality (e.g., a gunman shot and killed my family member), resulting in feelings of disorientation, confusion, and disbelief—commonly referred to as a shattered assumptive world (Kauffman, 2013). Psychological health post-loss is predicated on the reconstruction of one's internal world that “both incorporates the trauma and permits flexible emotional engagement” (Newman, Riggs, & Roth, 1997, p. 198). Death does not always precipitate a search for meaning, but the unexpected or violent loss of a loved one, in particular, is likely to

lead to cognitive dissonance (Neimeyer et al., 2008). The shattering of what was previously assumed to be true has been described as “a core wound of all bereavement” (Kauffman, 2013, p. 2). Grief resolution necessitates constructing an altered worldview that incorporates the bereaved’s lived experience of unpredictability, vulnerability, and limitations of control (Beder, 2005).

Research suggests that reconstructing the assumptive world is an inherently social process, in which family members, friends, faith communities, and mental health professionals may all play important roles (Walsh, 2007). Meaning-making is a representational process of assimilation and accommodation (Neimeyer, Burke, Mackay, & van Dyke Stringer, 2010) within the intersubjective social experience. In a college sample, Currier and colleagues (2006) found that lack of meaning mediated the association between violent loss and prolonged grief. Relatedly, Chang (2015) found higher levels of meaning among bereaved individuals who exhibited a secure attachment style and among those who had anticipated the death. In a community sample of bereaved adults, a secure attachment to God was inversely related to prolonged grief, and this relationship was mediated by restored meaning (Kelley & Chan, 2012). While reconstruction of the assumptive world has gained increasing attention in the bereavement literature, various measures of meaning have been used, making comparison of findings difficult.

The Current Study

Findings are mixed regarding the relationship between attachment and post-loss adjustment, with little attention given to intervening mechanisms. Individuals who lose a loved

one by sudden or violent means are vulnerable to exacerbated grief reactions, and research is needed to better understand key underlying factors. The purpose of this study was to examine psychological functioning in a diverse sample of traumatically bereaved adults. We explored the relationship between insecure attachment and the multivariate outcomes of prolonged grief and posttraumatic growth, examining identity distress and assumptive world beliefs as potential mediators of these relationships.

Our first hypothesis explored human and divine attachment amidst bereavement; we posited that adult attachment insecurity in close relationships would be mirrored in the bereaved's relationship to a higher power. Our second hypothesis proposed that participants with minimal or extreme grief-related distress would report very little posttraumatic growth, while those with moderate grief symptoms would experience greater posttraumatic growth. Our third hypothesis predicted that (a) identity distress would partially mediate the relationship between attachment insecurity and prolonged grief, and that (b) shattered assumptions would partially mediate the relationship between attachment insecurity and posttraumatic growth.

Method

Participants

Participants in the analyzed sample were 374 adults who reported experiencing the sudden and/or violent death of a family member, romantic partner, or close friend. The sample included 276 (73.8%) women, 93 (24.9%) men, and 1 (0.3%) transgender individual. Participants ranged in age from 18 to 72, with a mean of 26.49 years ($SD = 12.78$). Slightly over half (54.8%) of the sample was White/European American, with the remainder identifying as

Hispanic/Latino (16.3%), Black/African American (15.8%), Asian/Pacific Islander (4.8%), Bi/Multiracial (5.6%), Native American (0.3%), or "other" (2.4%). The majority (57.5%) of participants were Christian, with 9.9% identifying as agnostic, 8.8% spiritual, 1.9% Muslim, 1.3% Buddhist, 1.1% Jewish, 0.8% Hindu, 0.8% Mormon, and 6.1% "other." Among remaining participants, 5.9% identified as atheist and 5.9% described themselves as not religious or spiritual. Participants identified a range of losses, including a grandparent (23.5%), close friend (20.6%), aunt or uncle (11.8%), cousin (7%), parent (7.2%), child (7.2%), spouse or romantic partner (6.1%), sibling (4.8%), niece or nephew (4%), or "other" relationship (7.2%). Nearly half of deaths (47.1%) were due to unexpected natural causes (e.g., heart attack, stroke), 16.8% due to suicide, 15.2% due to sudden accidents (e.g., vehicle, sporting), 5.6% due to homicide, and 1.1% due to stillbirths. A portion (11.5%) cited "other" sudden and/or violent means, and in 2.1% of cases, the cause of death was unknown. Participants reported an average time since the loss of 4.45 years ($SD = 2.93$).

Measures

A demographic questionnaire gathered relevant data, including age, gender, race/ethnicity, education, religious affiliation, cause of death, and time since the loss.

Prolonged grief was measured using the Prolonged Grief Disorder Scale (PG-13; Prigerson et al., 2009), a 13-item self-report instrument assessing cognitive, emotional, and behavioral aspects of grief-related distress. The PG-13 has demonstrated internal consistency ($\alpha = .94$), test-retest reliability (.80), and convergent, criterion, and predictive validity (Prigerson

et al., 2009). In this study, Cronbach's alpha was .93. Total scores were computed, excluding duration and functional impairment items. Higher values reflect more elevated grief symptoms.

Posttraumatic Growth was assessed using the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996), a 21-item self-report assessment of "positive outcomes reported by persons who have experienced traumatic events" (Tedeschi & Calhoun, 1996, p. 455). The PTGI has demonstrated internal consistency ($\alpha = .90$), test-retest reliability (.71), and concurrent, discriminant, and convergent validity (Tedeschi & Calhoun, 1996). In this study, Cronbach's alpha was .95. Total scores were computed; higher values reflect greater perceived growth.

Attachment to close others was measured using the Experiences in Close Relationships-Revised questionnaire (ECR-R; Fraley, Waller, & Brennan, 2000). This 36-item self-report measure has two subscales: Attachment Anxiety and Attachment Avoidance. In line with previous studies examining attachment in grief contexts (Kelley & Chan, 2012; Van der Houwen et al., 2010) and the developers' suggestion, wording was altered slightly to examine close, rather than solely romantic, relationships. The ECR-R has demonstrated internal consistency (α 's = .81 and .81, respectively), test-retest reliability (.85 and .84), and discriminant and convergent validity (Sibley, Fischer, & Liu, 2005). In this study, Cronbach's alpha was .94 for Attachment Anxiety and .92 for Attachment Avoidance. Average scores were computed, with higher values reflecting greater attachment-related anxiety or avoidance in close relationships.

Divine attachment was measured using the Attachment to God Inventory (AGI; Beck & McDonald, 2004), a 28-item self-report instrument measuring attachment to a higher power. Use of the generic language, "God," allows for application to individuals of diverse religious/spiritual backgrounds. The AGI contains two subscales: Attachment Anxiety and

Attachment Avoidance. The AGI has demonstrated internal consistency (α 's = .86 and .87, respectively) and convergent validity (Beck & McDonald, 2004). In this study, Cronbach's alpha was .91 for Attachment Anxiety and .88 for Attachment Avoidance. Average scores were computed; higher values reflect greater attachment-related anxiety and avoidance in relation to a divine being.

Assumptive world beliefs were measured using the World Assumptions Questionnaire (WAQ; Kaler et al., 2008), a 25-item self-report instrument developed in line with Janoff-Bulman's (1992) shattered assumptions theory. WAQ subscales have demonstrated adequate internal consistency (ranging from .64 to .83), as well as divergent and convergent validity, and test-retest reliability (ranging from .68 to .74) (Kaler et al., 2008). Per the developers' directions for more complex models, total scores were computed, with higher values indicating more positive assumptive world beliefs. In this study, Cronbach's alpha was .85.

Identity distress was assessed using the Identity Distress Survey (IDS; Berman, Montgomery, & Kurtines, 2004), a 10-item self-report measure of unresolved aspects of identity, including long-term goals, career, and friendships. Participants responded to the slightly modified prompt, "To what degree have you been upset, distressed, or worried over the following issues in your life since the death of your loved one?" The IDS has demonstrated internal consistency (α = .84), test-retest reliability (.82), and convergent validity (Berman et al., 2004). In this study, Cronbach's alpha was .89. Average scores were computed, with higher values reflecting greater identity distress.

Procedure

This study utilized a cross-sectional, correlational design. Approval was gained from the University of North Texas Institutional Review Board (IRB). In order to obtain the most diverse and representative sample possible, participants were recruited through multiple avenues: (a) snowball sampling on public social media platforms, (b) grief support groups in the North Texas area, and (c) undergraduate psychology courses. Participants completed an anonymous survey online through Qualtrics, which took approximately 30 to 50 minutes. All individuals indicated agreement to an informed consent statement, and were told they could discontinue at any point. Measures were counter-balanced, and, using skip logic, the Attachment to God Inventory was only administered to those endorsing a religious/spiritual identity. After completion, participants were provided with a debriefing document.

Data were imported to SPSS 24.0 statistical software. After eliminating cases that did not complete the survey, an additional 74 participants were excluded due to validity concerns, including infeasible completion time or evidence of random responding. Data were examined using Little's MCAR test, which was significant, $\chi^2(8148, N = 376) = 8723.96, p = .000$, but can be sensitive with larger samples (Hair et al., 2010). Missingness for cases ranged from 0.8% to 3.8% (1 to 5 responses across the study), which is considered missing at random (MAR; Hair et al., 2010). Expectation maximization (EM) was used to impute missing values because it accommodates MAR data and provides unbiased, efficient parameters (Graham et al., 2003).

Results

Preliminary Analyses

Means, standard deviations, and bivariate correlations are reported in Table 1.

Preliminary analyses examined major assumptions of regression and path analysis, and two cases were excluded due to multivariate outliers. Ethnicity was associated with posttraumatic growth, $F(6, 366) = 2.36, p = .030$; Black/African Americans reported higher levels than did White/European Americans. Prolonged grief was positively associated with female gender, $F(2, 367) = 5.96, p = .003$, participant age ($r = .28, p = .017$), and college education, $F(4, 367) = 3.62, p = .007$, loss due to suicide or homicide compared to natural causes, $F(6, 365) = 6.39, p < .000$, and death of an immediate family member or romantic partner, compared to extended family or friend, $F(10, 362) = 13.01, p < .000$. Time since the loss was negatively correlated with prolonged grief ($r = -.20, p < .001$).

Primary Analyses

Supporting our first hypothesis, results of bivariate correlations indicated that among religious/spiritual individuals, adult attachment anxiety and avoidance in close relationships were mirrored in internal working models of divine attachment (see Table 1). Specifically, attachment anxiety in close relationships was significantly and positively associated with attachment anxiety in relation to God ($r = .39, p < .000$), and attachment avoidance in close relationships was significantly and positively associated with attachment avoidance in relation to God ($r = .12, p = .046$). Results of a curvilinear (quadratic) regression supported the second hypothesis (see Table 2). The linear term was not significant, but the quadratic term was

significant, $F(2, 371) = 19.56, p < .000$, accounting for 5.7% of the variance in posttraumatic growth. Participants with minimal or highly elevated prolonged grief symptoms reported very little posttraumatic growth, while those with moderate prolonged grief symptoms reported greater posttraumatic growth.

Two path analyses tested mediation hypotheses. In the first model, attachment anxiety and avoidance in close relationships were the predictors. The second model examined attachment to God subscales as predictors. In both models, identity distress and positive world assumptions were tested as mediators, with prolonged grief and posttraumatic growth as outcome variables.

In the first model considering adult attachment to close others, the hypothesized model had poor fit ($RMR = 9.67, GFI = 0.96, CFI = 0.87, RMSEA = 0.17$) and was significantly different from a saturated model, $\chi^2(4, N = 374) = 48.13, p = .000$. After examining the standardized residual covariance matrix and modification indices, the model was re-specified and nonsignificant paths removed (Kenny, 2011). The final model (see Figure 1) did not significantly differ from a saturated model, $\chi^2(5, N = 374) = 5.94, p = .312$, and all indices displayed good fit, $RMR = 0.66, GFI = 1.00, CFI = 1.00, RMSEA = 0.02$. Findings are summarized in Table 3. Both identity distress ($\beta = .48, p < .001$) and shattered assumptions ($\beta = -.23, p < .001$) mediated the relationship between adult attachment insecurity and prolonged grief. Consistent with full mediation, there was no direct effect of attachment anxiety on grief symptoms, but a medium indirect effect, $\beta = .27, 95\% CI [.22, .33], p < .001$. Prolonged grief symptoms increased by .27 standard deviations for every standard deviation increase in attachment anxiety. Similarly, the relationship between attachment avoidance and grief symptoms was entirely indirect, $\beta = .11$,

95% CI [.07, .16], $p < .001$. Prolonged grief symptoms increased by .11 standard deviations for every standard deviation increase in attachment avoidance. Bereaved individuals with higher levels of adult attachment anxiety and avoidance reported greater identity distress and more shattered assumptions, which contributed to more severe grief reactions. In addition, identity distress partially mediated the positive association between shattered assumptions and prolonged grief, $\beta = -.09$, 95% CI [-.13, -.05], $p = .002$, and shattered assumptions partially mediated the positive associations of identity distress with attachment anxiety and avoidance, $\beta = .05$, 95% CI [.03, .08], $p < .001$ and $\beta = .03$, 95% CI [.02, .06], $p < .001$, respectively.

Contrary to hypotheses, attachment insecurity was not predictive of posttraumatic growth. However, both attachment anxiety ($\beta = -.26$, $p < .001$) and avoidance ($\beta = -.18$, $p < .001$) were associated with more shattered assumptions, and endorsing fewer shattered assumptions ($\beta = .17$, $p = .003$) was related to posttraumatic growth. Furthermore, grief symptomology partially mediated the relationship between shattered assumptions and posttraumatic growth, $\beta = -.05$, 95% CI [-.09, -.02], $p = .008$, and fully mediated the relationship between identity distress and posttraumatic growth, $\beta = .07$, 95% CI [.03, .12], $p = .011$. Thus, identity distress and shattered assumptions contributed to more grief symptomology, which in turn contributed to greater posttraumatic growth.

The hypothesized model was separately examined for attachment to God, using a subsample of 302 participants endorsing a religious or spiritual identity. Significant differences were found from a saturated model, $\chi^2 (4, N = 302) = 54.31$, $p = .000$, and the model had poor fit indices (RMR = 11.99, CFI = 0.77, RMSEA = 0.20), so it was re-specified and nonsignificant paths removed (Kenny, 2011). The final model (see Figure 2) did not significantly differ from a

saturated model, $\chi^2 (7, N = 302) = 13.23, p = .067$, and all indices displayed adequate to good fit, RMR = 8.85, GFI = .99, CFI = .97, RMSEA = 0.05 (Table 4). Both identity distress ($\beta = .49, p < .001$) and shattered assumptions ($\beta = -.24, p < .001$) mediated the relationship between attachment anxiety toward God and prolonged grief. Consistent with full mediation, there was no direct effect of attachment anxiety on grief symptoms, but a medium indirect effect, $\beta = .19, 95\% \text{ CI } [.11, .27], p < .001$. Prolonged grief symptoms increased by .19 standard deviations for every standard deviation increase in attachment anxiety. Bereaved individuals with higher attachment anxiety toward God reported greater identity distress and more shattered assumptions, which in turn predicted more severe grief reactions. In contrast, while attachment avoidance in relation to God was directly associated with both prolonged grief ($\beta = -.15, p < .001$) and posttraumatic growth ($\beta = -.21, p < .001$), no mediation effects were noted. Bereaved individuals who favored self-reliance over seeking support from their higher power were not as likely to report posttraumatic growth, but also reported fewer grief symptoms.

Several additional indirect effects were found that closely mirrored the adult attachment model. First, shattered assumptions partially mediated the association between attachment anxiety toward God and identity distress, $\beta = .04, 95\% \text{ CI } [.00, .08], p = .039$. Additionally, identity distress partially mediated the relationship between shattered assumptions and prolonged grief, $\beta = -.14, 95\% \text{ CI } [-.20, -.08], p < .001$. Taken together, the bereaved's attachment anxiety toward God contributed to identity distress, and this effect was partially due to shattered assumptions. The shattering of one's assumptive world predicted greater grief symptomology, in part due to heightened identity distress.

Discussion

Current findings enhance our understanding of risk and protective factors associated with prolonged grief and posttraumatic growth, garnering support for multidimensional grief theory (MGT; Kaplow et al., 2013). By considering traumatically bereaved individuals' IWMs of attachment, level of identity distress, and potentially shattered assumptions, our model accounted for each of MGT's three domains of distress thought to impact post-lost adjustment. That these domains were both inter-related and associated with differential outcomes speaks to the complex nuances of each grief journey and the importance of attending to more than global levels of distress.

Replicating previous research in non-bereaved samples (Reiner, et al., 2010; Sandage et al., 2015), current results indicate that religious individuals' internal working models (IWMs) in close adult relationships were partially mirrored in their relationship with God. Specifically, participants who endorsed attachment anxiety toward close others also reported heightened attachment anxiety in relationship to a higher power. A similar, albeit weaker effect was found with regard to attachment avoidance. These results suggest that religious/spiritual individuals develop IWMs of a divine other, which resemble their IWMs of other close relationships and may influence their ability to experience closeness to and gain comfort from God. Bereaved individuals with heightened attachment anxiety or avoidance may struggle to effectively draw on relational coping strategies, both in close relationships and in their spiritual lives. In clinical work with religious/spiritual clients, exploration of such concerns may be warranted.

To date, there have been mixed results concerning the association between prolonged grief and posttraumatic growth. In line with some previous research (Currier et al., 2012; Yilmaz

& Zara, 2016), evidence emerged supporting a curvilinear relationship. Participants with moderate levels of grief-related distress reported greater levels of posttraumatic growth, compared with those experiencing high or low distress. In the context of overwhelming distress, bereaved individuals may lack the psychological resources necessary to focus on personal growth, but in its absence, there may be little motivation to evaluate one's life or make changes (Currier et al., 2012). Attention to extreme grief-related distress may be a necessary prerequisite to a more growth-oriented focus in therapy.

In line with previous studies (Currier et al., 2015; Ho et al., 2013; Meier et al., 2013), higher levels of attachment anxiety, both toward close others and God, were associated with prolonged grief. This finding is consistent with previous theorizing that bereaved individuals with preoccupied attachment (high attachment anxiety) are likely to become overwhelmed by intense emotions and compulsively turn to others for support, lacking the ability to calm or soothe themselves (Stroebe et al., 2005). However, this effect was fully mediated; heightened attachment anxiety led to more identity distress and shattered assumptions, which were associated with chronic psychological distress. A negative internal working model of self may impede the bereaved's ability to flexibly reconstruct a coherent identity moving forward, particularly if the pre-loss identity was overly dependent on or intertwined with the deceased. Preoccupied individuals also may doubt about their ability to function without their loved one and conclude that the world is unsafe and dangerous. Death represents more than the loss of a loved one; it also can precipitate the loss of one's identity and personal worldview. These secondary losses increase the likelihood of experiencing prolonged grief.

Scholars have debated about the potentially adaptive nature of attachment avoidance following loss. In our sample of traumatically bereaved individuals, attachment avoidance in close relationships was significantly associated with prolonged grief, replicating the findings of Meier and colleagues (2013). At first glance, individuals with dismissing attachment (high attachment avoidance) may be less visibly upset following a death, take active steps to avoid emotional reminders and memories of the deceased, and exhibit extreme self-reliance (Stroebe, et al., 2005). However, the avoidant individual's minimizing strategy and pattern of turning away from others does not appear to ultimately protect them from getting "stuck" in grief. Prolonged numbness and denial shut down the necessary, albeit painful, disorganization process, leaving the bereaved unable to reorganize their attachments and form new emotional bonds (Bowlby, 1980). This effect of attachment avoidance was fully mediated by identity distress and shattered assumptions.

Surprisingly, attachment dynamics did not have a notable effect on posttraumatic growth. This finding is in contrast with previous studies linking insecure attachment, and especially attachment avoidance, with less posttraumatic growth (Cohen & Katz, 2015; Turunen et al., 2014). In light of recent debate about illusory posttraumatic growth (Börner, 2016), measurement error and/or social desirability may be potential confounds. The anchors and wording used in the Posttraumatic Growth Inventory may have primed participants to endorse personal growth, irregardless of actual positive or negative changes. However, as expected, both attachment anxiety and avoidance in close relationships were associated with shattered assumptions, and more positive world assumptions were related to posttraumatic growth.

Findings concerning divine attachment and post-loss adjustment are largely preliminary, due to lack of research in this area. Results for human and divine attachment patterns predicting psychological outcomes were largely identical, with a few exceptions. One point of divergence was found concerning attachment avoidance. In relation to God, attachment avoidance was negatively associated with both prolonged grief and posttraumatic growth, and there was no evidence for mediation. One explanation for this could be that individuals endorsing divine attachment avoidance are less likely to make negative religious attributions about the death, such as blaming or feeling abandoned by God (Pargament, Koenig, & Perez, 2000), which have been associated with chronic psychological distress (Stein et al., 2009). Relying on themselves may enable these individuals to retain a felt sense of control, buffering against prolonged grief. However, because posttraumatic growth seems to develop out of the bereaved's struggle and search for meaning, which may be facilitated in the context of relationship with a higher power, religious/spiritual individuals who utilize avoidant attachment strategies may be less likely to experience this growth.

An insecure attachment strategy, whether attachment anxiety or avoidance, is a risk factor for prolonged grief. Faced with the traumatic loss of a loved one, the ability and desire to effectively access relationships that facilitate intentional processing and promote cognitive reorganization is predicated on the bereaved's IWMs. Insecure attachment strategies appear to compromise this ability. Interventions aimed at helping the bereaved develop a new sense of self with a multifaceted identity may be particularly effective. Consider the experience of a man grieving the death of his spouse: Is he a husband, a widower, or single? Or, take the paradoxical reality of a bereaved parent, as in the mother who is now childless. Bereavement includes

grieving not only the deceased, but also shifting one's previously assumed identities (Pearlman et al., 2014). Attending to clients' assumptive worlds is also important in order to help them negotiate assimilation (integrating the loss into previously-held assumptions) versus accommodation (altering previously-held assumptions in light of the loss).

Limitations and Future Directions

Research has shown that individuals bereaved through sudden or violent means are particularly vulnerable to exacerbated grief reactions, but also potentially more likely to experience posttraumatic growth. While many bereavement studies utilize college students, our mixed recruitment approach allowed for a more diverse and representative sample. In contrast with past research focused primarily on grief-related pathology, our proposed models used multivariate analyses to empirically test components of multidimensional grief theory. Additionally, recognizing the important role of religion/spirituality in many people's lives, both human and divine attachment were considered. Despite these strengths, several notable limitations must be considered. A cross-sectional design makes it impossible to draw firm conclusions about directionality of relationships, and causality cannot be inferred. Thus, these findings cannot speak to what ultimately predicts prolonged grief or posttraumatic growth. Self-report measures always introduce the potential for social desirability. Recruitment through grief support groups is a common practice in bereavement studies; however, such individuals may have distinct characteristics that could bias the sample.

Findings should be replicated, preferably using a longitudinal design. A larger sample size would allow for finer-grain analyses of type of traumatic death (e.g., suicide, homicide,

accident) and relationship to the deceased (e.g., parent, child, partner, sibling). Effect sizes in the present study ranged from small to medium. Future studies should seek to eliminate statistical “noise” through recruitment methods that address potential sampling biases in order to further clarify these effects. Noting concerns about illusory posttraumatic growth, a mixed-method design could facilitate better understanding of psychological changes experienced by traumatically bereaved individuals. Building on the current model, future studies could explore additional psychological outcomes, such as posttraumatic stress symptoms.

Results of this study inform the treatment of individuals who have lost a loved one through sudden or violent means. Grief is not something to “fix” or get over. It is the journey of remembering, honoring, and internalizing a loved one, while also beginning to find footing in a forever-altered world. Amidst shock and confusion, a secure working model of attachment orients survivors toward relationships as a source of comfort and support, while insecure attachment strategies place the bereaved at heightened risk for chronic psychological distress. Restoring a sense of the world as safe and meaningful, and the self as worthy are key therapeutic foci. Along the way, survivors need safe relational contexts in which to co-construct a coherent narrative of their loved one and the complex realities of life moving forward. In light of recent mass shootings, terrorist attacks, and political violence, there is an increasing need for competent psychological care of surviving family members and friends.

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Table 1

Means, Standard Deviations, and Correlational Matrix (N = 374)

Variables	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8
1. Prolonged Grief	23.64	10.23	1							
2. Posttraumatic Growth	49.16	24.80	.09	1						
3. Adult Attachment Anxiety	3.84	1.45	.29***	.05	1					
4. Adult Attachment Avoidance	3.90	1.13	.18***	-.09	.19***	1				
5. God Attachment Anxiety ^a	2.91	1.25	.19**	-.09	.39***	.06	1			
6. God Attachment Avoidance ^a	3.53	1.23	-.07	-.21***	.13*	.12*	.06	1		
7. Assumptive World Beliefs	72.88	13.65	-.39***	.11*	-.29***	-.23***	-.14*	-.07	1	
8. Identity Distress	2.33	0.88	.55***	-.00	.48***	.24***	.33***	.12*	-.33***	1

*** $p < .001$, ** $p < .01$, * $p < .05$, a. $N = 302$

Table 2

Curvilinear Regression Examining the Relationship between Prolonged Grief and Posttraumatic Growth (N = 374)

DV: Posttraumatic Growth	ΔR^2	$F\Delta$	B	$S.E.$	B	t
Step 1:	.01	2.68				
Constant			44.33	3.22		13.78***
Prolonged grief			.21	.13	.09	1.64
Step 2:	.05	19.56***				
Constant			9.81	8.41		1.17
Prolonged grief			3.08	.66	1.26	4.66***
Quadratic term			-.05	.01	-1.20	-4.42***

*** $p < .001$, ** $p < .01$, * $p < .05$

Table 3

Significant Effects in Final Path Model, Considering Attachment to Close Others (N = 374)

	Path	Estimate	S.E.	<i>B</i>	95% CI
Direct Effects	Attachment Anxiety à Positive Assumptions	-2.42	.47	-.26***	-.34, -.17
	Attachment Avoidance à Positive Assumptions	-2.20	.60	-.18***	-.26, -.10
	Attachment Anxiety à Identity Distress	.25	.03	.40***	.32, .47
	Attachment Avoidance à Identity Distress	.09	.04	.12**	.05, .19
	Positive Assumptions à Identity Distress	-.01	.00	-.19***	-.26, -.10
	Identity Distress à Prolonged Grief	5.51	.51	.48***	.40, .55
	Positive Assumptions à Prolonged Grief	-.17	.03	-.23***	-.31, -.15
	Positive Assumptions à Posttraumatic Growth	.31	.10	.17**	.08, .27
	Prolonged Grief à Posttraumatic Growth	.37	.14	.15**	.05, .24
Indirect Effects	Attachment Anxiety à Identity Distress	.03	.01	.05***	.03, .08
	Attachment Avoidance à Identity Distress	.03	.01	.03***	.02, .06
	Attachment Anxiety à Prolonged Grief	1.93	.24	.27***	.22, .33
	Attachment Avoidance à Prolonged Grief	1.02	.25	.11***	.07, .16
	Positive Assumptions à Prolonged Grief	-.07	.02	-.09**	-.13, -.05
	Positive Assumptions à Posttraumatic Growth	-.09	.04	-.05**	-.09, -.02
	Identity Distress à Posttraumatic Growth	2.02	.80	.07**	.03, .12

*** $p < .001$, ** $p < .01$, * $p < .05$

Table 4

Significant Effects in Final Path Model, Considering Attachment to God (N = 302)

	Path	Estimate	S.E.	β	95% CI
Direct Effects	Attachment Anxiety à Positive Assumptions	-1.51	.63	-.14*	-.25, -.01
	Attachment Anxiety à Identity Distress	.21	.04	.29***	.17, .40
	Positive Assumptions à Identity Distress	-.02	.00	-.28***	-.39, -.17
	Identity Distress à Prolonged Grief	5.66	.54	.49***	.40, .59
	Positive Assumptions à Prolonged Grief	-.18	.04	-.24***	-.34, -.14
	Attachment Avoidance à Prolonged Grief	-1.18	.36	-.15**	-.24, -.05
	Attachment Avoidance à Posttraumatic Growth	-4.08	1.10	-.21***	-.31, -.10
Indirect Effects	Attachment Anxiety à Identity Distress	.03	.01	.04*	.00, .08
	Positive Assumptions à Prolonged Grief	-.10	.03	-.14***	-.20, -.08
	Attachment Anxiety à Prolonged Grief	1.60	.32	.19***	.11, .27

*** $p < .001$, ** $p < .01$, * $p < .05$

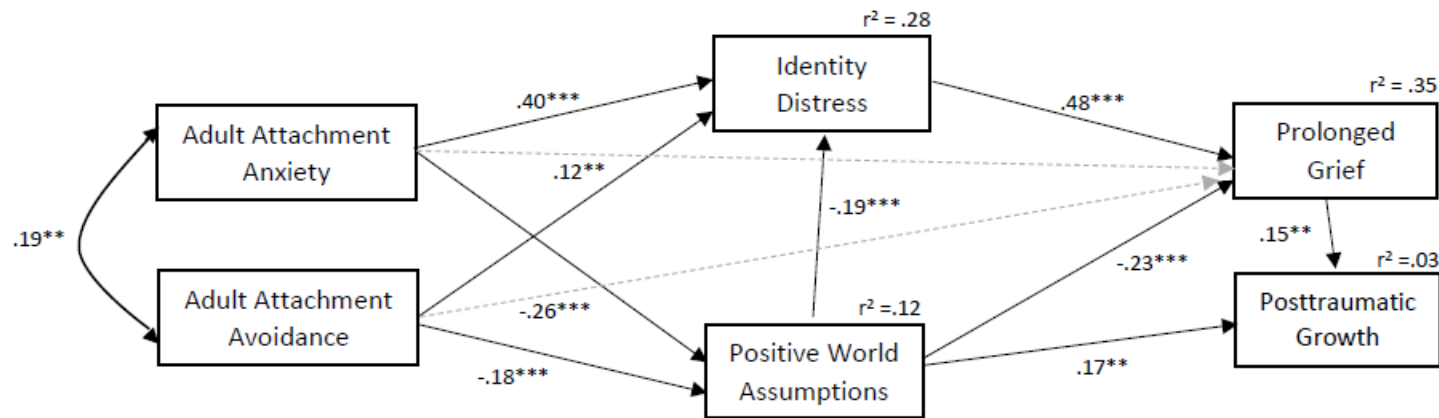


Figure 1. Final path model depicting relationships between attachment to close others, identity distress, positive world assumptions, and psychological outcomes, $N = 374$, $***p < .001$, $**p < .01$, $*p < .05$. Dashed lines represent insignificant paths consistent with full mediation.

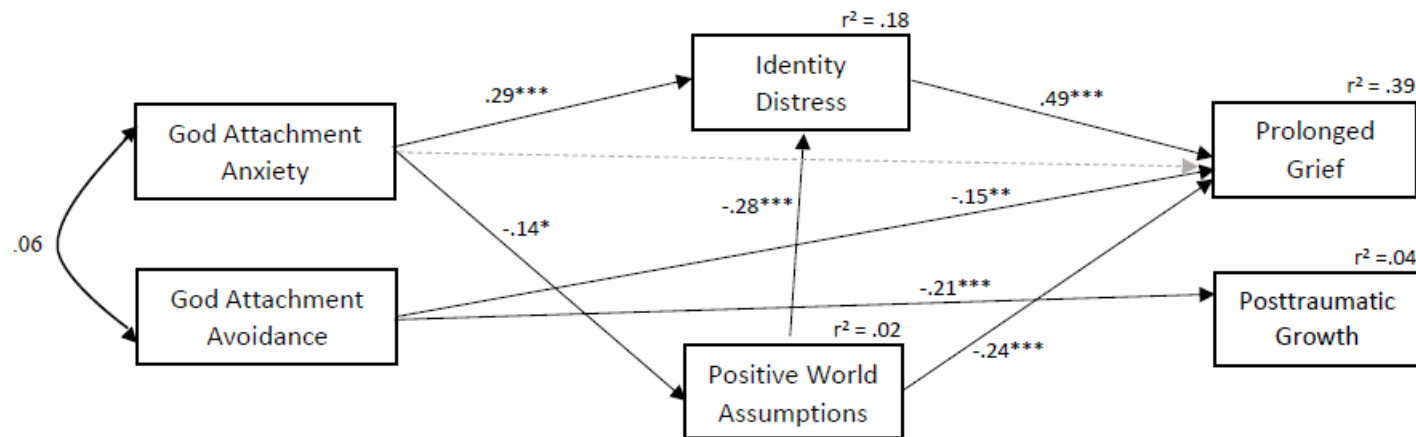


Figure 2. Final path model depicting relationships between attachment to God, identity distress, positive world assumptions, and psychological outcomes, $N = 302$, $^{***}p < .001$, $^{**}p < .01$, $^*p < .05$. Dashed line represents insignificant path consistent with full mediation.

APPENDIX A
EXTENDED LITERATURE REVIEW

Introduction

Each year, an estimated eight million people in the United States experience the death of a family member (Dennis, 2009), while many more cope with the loss of a romantic partner or close friend. One of the most painful and disorienting experiences across the lifespan, the death of a loved one can result in significant psychological distress (Prigerson et al., 2009). Bereavement has been described as “a state of sadness, grief, and mourning after the loss of a loved one” (National Institutes of Health [NIH], n.d.), and is understood as a universal and often adaptive human response. However, in some cases, psychological distress persists and can lead to clinically significant impairment.

An extensive body of literature has explored negative outcomes of bereavement, including risk factors for prolonged grief (Prigerson et al., 2009), which is now referred to as Persistent Complex Bereavement Disorder (PCBD) in the *Diagnostic and Statistical Manual of Disorders, Fifth Edition* (DSM-5; American Psychiatric Association [APA], 2013). Researchers are also becoming more interested in the human capacity to grow and thrive following loss, resulting in investigations of positive outcomes such as resilience (Bonanno, 2004; Bonanno, Westphal, & Mancini, 2011) and posttraumatic growth (Calhoun, Tedeschi, Cann, & Hanks, 2010).

However, limited research to date has examined positive and negative outcomes concurrently, and much remains unknown about the influences of cultural, religious, and socio-environmental factors. Additionally, the inherently traumatic nature of sudden or violent losses, which include suicides, homicides, accidents, terrorist attacks, and natural disasters, may complicate or confound the bereavement process (Kaplow & Layne, 2014). Considering these

contextual factors, the present study examines psychological outcomes among individuals who have experienced the sudden or violent death of a family member, romantic partner, or close friend. After summarizing various theoretical conceptualizations and contemporary definitions of grief, we review the literature on attachment, identity distress, shattered assumptions, and culturally-based coping with regard to psychological functioning post-loss.

Theories of Bereavement: A Century in Review

Psychoanalytic Models

In his clinical work, Freud (1917/1957) noticed that following a loved one's death, bereaved individuals were likely to continue to experience a strong internal attachment to the deceased, despite physical absence. In his seminal paper, "Mourning and Melancholia" (1917/1957), Freud proposed mourning as an unremitting search for a deceased, resulting in feelings of emptiness, emotional turmoil, and longing for re-connection. Freud described reality testing and withdrawing one's emotional attachment as fundamental to the grief process (Freud, 1917/1957). He believed that any continued identification with the deceased was pathological, and would result in "melancholia"—loss of pleasure, energy, and the ability to engage productively with life. According to this theory, "grief work" is necessary in order to process painful emotions. Grief resolution necessitates letting go and severing all emotional ties "to detach those feelings and attachments from the lost object" (Baker, 2001, p. 56).

Withdrawal from the deceased and displacement of affections into new relationships are key aspects a classic psychoanalytic conceptualization of grief. Successful detachment of internal bonds, Freud hypothesized, frees individuals to re-invest libidinal energy in new relationships.

Subsequently, object relations theorists such as Klein (1940/1975), placed less emphasis on detachment, conceptualizing grief instead as a process of emotional repair and transformation. Klein suggested that a primary task of mourning is the creation of an enduring internal representation of the deceased within one's ego and sense of self. From this perspective, the process of mourning is paradoxical—it includes both holding on to aspects of the deceased while also letting go of the relationship. Object relations theory also began to recognize the complex processes of accommodation and assimilation by which the psyche negotiates change: "The inner world . . . was destroyed when the actual loss occurred. The rebuilding of this inner world characterizes the successful work of mourning" (Klein, 1940/1975, p. 363). Foreshadowing recent emphasis on resilience and posttraumatic growth, Klein believed that resolution of grief not only restores internal homeostasis, but also has the potential to facilitate deeper self-awareness and greater appreciation for life.

Bowlby's Theory of Attachment and Loss

A supervisee of Klein, Bowlby (1960) noted distinct patterns of psychological distress in his work with maternally deprived children—namely, *protest*, *despair*, *detachment*, and *reorganization*. In their caregiver's absence, these children displayed shock, numbness and protest, often accompanied by strong affective reactions, hostility, tears, and resistance to comfort. This initial reaction gave way to yearning, searching unsuccessfully for their mother, and becoming preoccupied with her absence. Eventually, these children ceased visible signs of mourning, but often became apathetic and withdrawn as they seemed to grapple with the loss before eventually re-engaging with the world. Bowlby hypothesized that, though specific behavioral manifestations may vary with age, these stages of grief observed in young children

closely parallel the emotional experience of adults following the death of a loved one. In his seminal paper, "Grief and Mourning in Infancy and Early Childhood," Bowlby (1960) proposed the existence of implicit relational schemas that play a fundamental role in grief.

Drawing on ethological and developmental perspectives, Bowlby (1969) suggested that as fundamentally social creatures, humans form enduring emotional bonds—known as *attachments*—with primary caregivers in the first years of life and other close relationship partners across the lifespan (e.g., romantic partners, family members, friends). These attachment relationships serve as a *safe haven* in times of stress and uncertainty and a *secure base* from which to explore the world. Extending Klein's concept of internalization, Bowlby proposed that early in life, humans develop internal working models (IWMs), which are mental schemas of self and others that guide subsequent relational interactions. These psychological representations of close relationships persist even when the attachment figure is not physically present (Baker, 2001). Conceptualizing grief within this context, Bowlby (1960) proposed that an attachment figure's extended absence activates the desire for closeness and reconnection, and mourning ensues when reunification is impossible because of death.

Rather than viewing detachment as crucial for grief resolution, Bowlby (1980) suggested that a continued sense of the deceased's presence is not necessarily pathological, and on the contrary, might facilitate post-loss adjustment. He noted that, among widows and widowers, an ongoing attachment to the deceased spouse often helped preserve a sense of identity (e.g., as a husband or wife) and meaning (e.g., living to make them proud). Through the process of reorganization and adaptation of IWMs, bereaved individuals begin to internalize the attachment with their loved one—holding them "in mind" in such a way that facilitates a

subjective ongoing connection without the extremes of preoccupation or displacement. Pathological grief, Bowlby (1980) suggested, is indicated not by ongoing attachment per se, but rather, by extreme reactions of chronic and failed mourning. According to this theory, *chronic mourning* occurs when depression, anger, and intense emotional reactions do not abate across time—attempts at reorganization and internalization fall short and attachment disorganization persists. On the opposite end of the spectrum, *failed mourning* occurs when there is an absence of protest and despair following the death of a loved one. Prolonged numbness and denial shut down the necessary, albeit painful, disorganization process, thereby leaving the bereaved unable to reorganize their attachments and form new emotional bonds in the future.

Kübler-Ross' Five Stages of Grief

Influenced by Bowlby's stage theory of grief, Kübler-Ross (1969) developed a five-stage model to help dying patients cope with their mortality, which has since been applied to individuals grieving the death of a loved one. The first stage, *denial*, encapsulates the surreal and disorienting experience of death. This is not so much the outright cognitive disavowal that the death has occurred, but rather the initial feelings of disbelief that one's family member or friend is gone. Kübler-Ross's second stage is predominated by feelings of *anger*, which can be directed at the deceased ("how could they abandon me?"), involved family members, friends or medical personnel ("why didn't anyone save them?"), or oneself ("I should have saved them"). Among religious individuals, anger may also be directed toward a divine being ("why didn't God intervene?"), coupled with *bargaining*, where individuals beg their higher power to intervene or undo the loss. The fourth stage, *depression*, is exemplified by feelings of hopelessness and deep

sadness as the bereaved begins to face the reality of the loss; disruption in sleep and appetite and withdrawal from others are common components of this experience.

Finally, *acceptance* includes coming to terms—both cognitively and emotionally—with the reality that a loved one has died and the bereaved must move forward to create a life in their absence (Kübler-Ross & Kessler, 2014). This stage may include reorganization of identity, roles, relationships, and lifestyle. Although these stages have been criticized for being too distinct and linear, Kübler-Ross and Kessler (2014) clarified that “they were never meant to help tuck messy emotions into neat packages. They are responses to loss that many people have, but . . . our grief is as individual as our lives” (p. 7). Kübler-Ross (2014) emphasized that the bereaved may experience these emotions in tandem, cyclically, or in any order.

Worden’s Four Tasks of Grieving

In contrast with Bowlby and Kübler-Ross’s stage theories, Worden (1991) conceptualized grief as a fluid, individualized process that may be influenced by salient aspects of the bereaved’s identity, culture, social group, and religious/spiritual background. Worden (1991) identified four psychological tasks of grief, which can be approached flexibly and often may overlap: The bereaved must *accept the reality of the loss*, coming to terms with the fact that their loved one is not coming back. Individuals must also *work through pain and grief* that inevitably arises with facing the loss, and *adjust to a new environment*, including transitions in roles, responsibilities, relationships, and daily routine. Worden’s final task of grief builds on the foundational work of Klein and Bowlby, as grievers *develop an enduring connection with the deceased*, while also moving forward to engage meaningfully with the present. Grief resolution,

according to Worden (2009), is not accomplished by terminating the emotional bond, but rather, by memorializing the deceased, integrating this person within one's psychological life.

This theory has been extended in recent work on *continuing bonds* (Klass, Silverman, & Nickman, 1996; Field, Gal-Oz & Bonanno, 2003), which was described aptly by Attig (1996):

We can continue to 'have' what we have 'lost,' that is, a continuing, albeit transformed, love for the deceased. We have not truly lost our years of living with the deceased or our memories. Nor have we lost their influences, the inspiration, the values, and the meanings embodied in their lives. We can actively incorporate these into new patterns of living. (p. 189)

Worden (2009) proposed that this fourth task, the integration of past and present lives, may be the most difficult, and can be hampered when individuals cling to their past relationship at the expense of developing new bonds in the future, leading to prolonged grief.

The Transactional Model of Stress and Coping

Considering the interplay of individual and environmental factors, Lazarus and Folkman (1984) developed a theoretical framework based on the assumption that psychological distress arises not so much from actual life events themselves (such as the death of a loved one), but rather, an individual's subjective cognitive appraisals. Lazarus and Folkman (1984) described *primary appraisals* as self-determinations of the event as stressful and overwhelming, or manageable and controllable, and *secondary appraisals* as personal evaluations of the social and cultural resources at one's disposal. These appraisals give rise to *coping efforts* aimed at regulating emotional distress, stabilizing functioning, and ultimately restoring homeostasis.

In contrast with earlier theories that focus solely on the intrapersonal experience of grief, Lazarus and Folkman (1984) considered important contextual factors, including social support, physical and financial resources, and concurrent life stressors. From this perspective,

grief is conceived of as a transactional and systemic experience—bereaved individuals and their environment are in a dynamic and reciprocal relationship. This model has also been called the transactional social cognitive model, and represents a shift in the literature to consider the cultural, social, economic, and family influences that may serve as sources of stress or support following the death of a loved one (Payne, Horn, & Relf, 1999).

The Dual Process Model

Building on the general transactional model of stress and coping, Stroebe and Schut (1999) developed a bereavement-specific adaptation known as the dual process model (DPM). In contrast with historic conceptualizations of bereavement as necessitating extensive “grief work” (Freud, 1917/1951), progression through specific stages (e.g., Bowlby, 1960; Kübler-Ross, 1969) or attention to universal tasks (Worden, 1991), the DPM acknowledged the “extraordinary variability” inherent to the experience of grief (Wortman & Boerner, 2007, p. 285). Stroebe and Schut (1999) proposed that bereaved individuals give attention to feelings directly associated with the physical loss of a loved one (e.g., yearning, mourning) as well as secondary losses that impact their day-to-day functioning (e.g., role transitions, financial strain). Acknowledgement of the multiple losses following the death of a loved one represents a significant advancement in the theoretical landscape of the bereavement literature. Intangible losses, such as identity, dreams, family roles, social support, and financial security, have often been overlooked in previous theories, yet play fundamental roles in the bereaved’s lived experience (Pomeroy & Garcia, 2008).

Stroebe and Schut (1999) suggested that coping with a loved one’s death is a dynamic, oscillating process between loss- and restoration-oriented processes—at times entering into

mourning, anger, or depression associated with the loss, while at other times focusing one's energy on adjustment and rebuilding life. Adaptive coping involves a necessary "dosage of grieving" (Stroebe & Schut, 1999, p. 197); both confrontation and avoidance of painful emotion are hypothesized to play important regulatory roles in coping with bereavement. An individual's oscillation between *loss-oriented coping* and *restoration-oriented coping* may be significantly influenced by cultural, social, and religious factors; in contrast with previous pathologizing perspectives, research suggests that not all bereaved individuals experience extreme emotional distress (Doughty, Wissel, & Glorfield, 2011). The dual process model is consistent with recent attention to the importance of self-care (Holcomb, 2012) and the potential for resilience (Bonanno, 2004; Bonanno, Westphal, & Mancini, 2011) or posttraumatic growth (Calhoun, Tedeschi, Cann, & Hanks, 2010) following loss.

Shattered Assumptions Theory

In a similar vein with Bowlby's (1960) conceptualization of IWMs, Janoff-Bulman (1992) hypothesized that individuals develop core assumptions about how the world functions based on their early life experiences. These internal representations about reality have been described as "strongly held assumptions about the world and the self which are confidently maintained and used as a means of recognizing, planning and acting" (Parkes, 1975, p. 132), and similarly as "beliefs that ground, secure, and orient people, that give a sense of reality, meaning, or purpose in life" (Kauffman, 2002, p. 1). Janoff-Bulman (1992) proposed three overarching assumptions as foundational to psychological well-being: the world as benevolent, the world as meaningful, and the self as worthy. Seeing *the world as benevolent* includes the perception of safety and security (in contrast with understanding the world as hostile and

dangerous) and the belief that other people are, for the most part, decent and caring (in contrast with viewing people as cruel and vindictive). Perceiving *the world as meaningful* involves the expectation of a just society in which there is purpose, order, and a sense of personal agency (in contrast with viewing existence as random, out of control, and meaningless), and people get what they deserve. Finally, understanding *the self as worthy* includes viewing oneself as valuable, capable, and deserving of good things (in contrast with feeling worthless, inadequate, and undeserving).

When faced with trauma or loss, individuals experience the shocking discrepancy between their previously-held assumptions (e.g., the world is good and just) and their current reality (e.g., a gunman shot and killed my family member), resulting in feelings of disorientation, confusion, and disbelief. Traumatic life events are psychologically destructive because they shatter people's assumptions and destroy long-held perceptions of how the world *should* operate, often precipitating a crisis of meaning (Janoff-Bulman, 1992). Psychological health post-loss is predicated on the construction of an assumptive world that "both incorporates the trauma and permits flexible emotional engagement" (Newman, Riggs, & Roth, 1997, p. 198). Piaget's (1952) theory of adaption and growth is relevant in this process, as bereaved individuals negotiate assimilation (integrating the loss into previously-held assumptions) versus accommodation (altering previously-held assumptions in light of the loss).

Narrative as Meaning Reconstruction

Drawing on a social constructivist perspective, Neimeyer, Burke, Mackay, and van Dyke Stringer (2010) similarly conceived of grief as a psychological journey aimed at making meaning and reconstructing one's sense of self. While many bereaved individuals negotiate this process

in the context of existing family, peer, and group support networks, a subset of grieverers may experience confounds in narrative re-construction due to shame surrounding the circumstances of death (e.g., suicide), when expressing the emotional turmoil of grief is not culturally appropriate, or because the deceased represents a significant core of their social support system. Failed attempts to assimilate or accommodate loss experiences into a larger self-narrative result in an ongoing sense of self-fragmentation and disorientation, which is associated with prolonged grief reactions (Currier & Neimeyer, 2006).

For many individuals, rumination and preoccupation with the loss are primary drivers in meaning-making, and can be understood as attempts to increase coherence through assimilation and/or accommodation processes (Park & Folkman, 1997). In this sense, rumination is not necessarily pathological, particularly in structured intersubjective contexts (e.g., support groups, therapy), which may serve the role of containing overwhelming anguish and associated images that may be too taxing for the psyche to process in isolation (Neimeyer, Burke, Mackay, & van Dyke Stringer, 2010), but can be facilitated through “holding environments,” to borrow Winnicott’s (1960) term. Forms of representation that do not rely solely on language, such as use of metaphor and guided imagery/evocative visualization (Neimeyer, 2009), as well as therapeutic writing (Neimeyer, van Dyke, & Pennebaker, 2009), have been utilized in treatment for prolonged grief. Integration of loss-related cognition and affect within relational contexts is central to narrative reconstruction, for “all significant moments of change are anchored in *experientially vivid encounters* with self or others” (Neimeyer et al., 2010, p. 80). A significant strength of this theory is its flexible integration of diverse cultural and religious perspectives that may be particularly salient to the bereaved.

The Family Resilience Framework

Converging with recent emphasis on the interpersonal nature of grief, Walsh and McGoldrick (2004) proposed a systemic conceptualization of loss as “an emotional shockwave [that] may reverberate through the entire family system” (p. 7). It should be noted that while “family” has been traditionally thought of in terms of biological ties, “chosen family” may include any individual or group that plays a significant, shaping, and long-term role in one’s life (Andersen & Chen, 2002). In contrast with leading theories of individual mourning (e.g., Bowlby, 1960; Kübler-Ross, 1969; Worden, 1991), the family resilience framework conceives of psychological distress as the product of both the loss itself and the inevitable shifts and changes in the “family emotional field” (Walsh & McGoldrick, 2004, p. 8). These researchers identify the cascading losses often associated with the death of a loved one, including loss of relational roles, hopes, and dreams—the loss of a present and future self and way of being in relationship to the deceased. Both a family’s emotional integration pre-loss and the deceased’s function within the system have been implicated in bereavement adjustment (Bowen, 1991). With this in mind, attention must be paid to the particular meanings the death holds for the bereaved within their family and social context.

Walsh and McGoldrick (2004) rejected historic views of grief resolution—as the death of a loved one may never be fully “resolved”—and instead used the language of family resilience and adaptation. Resilience is conceived of not as “bouncing back” but rather as “bouncing forward,” involving a necessary recalibration of relationships and identities (Walsh, 2012). Importantly, resilience is not an isolated, intrapsychic trait, but rather, is developed in relational contexts through two primary tasks. First, family members must acknowledge the reality of

death and enter into a shared experience of grief; this may take diverse forms, depending on cultural and religious norms, but may include funeral rituals, memorializing the deceased, and communal meaning-making strategies, such as reminiscing and storytelling (Walsh & McGoldrick, 2004). Second, adaptation over time is facilitated through flexible reorganization of the system, redistribution of roles, and joint investment in developing a future together (Walsh & McGoldrick, 2004). Walsh (2015) identified multiple processes in family resilience. Shared belief systems and cultural/religious traditions can provide meaning and purpose, fostering optimism and courage in the face of tragedy. Organizational patterns, such as flexibility, connectedness, and mutual support, along with collaborative problem-solving and open emotional expression, have also been implicated as building blocks of successful family adaptation (Walsh, 2012, 2015).

Integration of Theoretical Perspectives

Over the last century, the scientific study of bereavement has made significant advances from a limited theory of intrapsychic detachment to a rich and multi-faceted conceptualization that considers individual factors (e.g., personality, attachment, religious/spiritual beliefs), environmental influences (e.g., culture, social/family relationships), and the interplay between the two that is fundamentally involved in coping, making meaning, and adapting to the loss of a loved one. Where Freud's (1917/1957) "grief work" hypothesis laid the groundwork for the idea of emotional attachment to the deceased, Klein (1940/1975) carried that understanding forward by proposing the possibility of developing an enduring internal representation of the deceased. With the development of attachment theory, Bowlby (1960) extended this concept, suggesting that the visible distress of bereavement was not pathological, but rather reflects a

psychological disorganization and reorganization process vital to internalizing a deceased loved one.

Where Bowlby (1960) and Kübler-Ross (1960) identified distinct and discernable stages of grief, Worden (1991, 2009) expanded that understanding to more fluid and bi-directional processes, and Stroebe and Schut (1999) argued for the adaptive role of oscillating between grieving and rebuilding. Challenging the individual conceptualization of grief, Lazarus and Folkman (1984) proposed the important role of environmental and contextual factors in one's ability to cope, including social support and physical resources. Walsh and McGoldrick (2004) further conceptualized grief as a systemic experience, influenced by changing family processes, rules, and roles. Finally, multiple theories have converged in acknowledging secondary and subjective losses as an important component of the bereaved's experience (Stroebe & Schut, 1999; Walsh & McGoldrick, 2004). For example, Neimeyer (2004) extended Janoff-Bulman's (1992) theory regarding the loss of core assumptions as a result of trauma by identifying the representational process by which the assumptive world can be rebuilt through intersubjective social experiences. Despite these advances, distinctions between adaptive ("normal") and maladaptive ("pathological") bereavement continue to be disputed in the literature.

Contemporary Definitions: Toward a Diagnosis

The Bereavement Exclusion for Depression

At what point does bereavement warrant classification as a psychological disorder? Researchers have hotly debated this issue over the last several decades, pointing to the significant overlap between symptoms of bereavement and Major Depressive Disorder (MDD; Zisook et al., 2010a, 2010b). Noting the common reactions of depressed mood, anhedonia,

social withdrawal, and disturbances in sleep and eating among individuals immediately after the death of their spouse, researchers began to advocate for the importance of not over-pathologizing the grief process (Clayton, 1990; Clayton, Desmarais, & Winokur, 1968). For example, at one month following their loss, 29-58% widows and widowers met criteria for a major depressive episode. This persisted, with 20-25% meeting criteria at 4 months, 16-17% at one year, and 14-16% at two years (Zisook & Kendler, 2007).

In the third and fourth editions of the DSM, a bereavement exclusion was added to the diagnosis of MDD; under these guidelines, even if bereaved individuals met full criteria for major depression, they could not be diagnosed in the first two months following the death of a loved one (APA, 1980, 1994). Due to validity concerns, the DSM-5 removed this exclusion, allowing bereaved individuals who display depressive symptomology consistent with MDD to be diagnosed at any point (APA, 2013). While critics argued that doing so “medicalizes” normal grief, the DSM-5 sought to clarify that while MDD and normal grief symptoms are “distinct and distinguishable conditions” (Pies, 2014, p. 19), the death of a loved one can certainly precipitate a depressive episode. However, although bereaved individuals often experience both persistent sadness and positive memories of the deceased, such positive feelings are often absent in individuals with MDD. Furthermore, chronically depressed individuals often experience feelings of worthlessness and low self-esteem, which are not as characteristic of normative grief (Lamb, Pies, & Zisook, 2010).

Prolonged Grief and Persistent Complex Bereavement Disorder

Chronic, unremitting psychological distress following death of a loved one has been referred to in the literature as morbid grief (Singh & Tewari, 1980), traumatic grief (Prigerson et

al., 1999), complicated grief (Horowitz et al., 2003), and more recently, prolonged grief (Prigerson et al., 2009). Factor analyses have repeatedly shown prolonged grief to be a unitary construct distinct from depression, anxiety, and posttraumatic stress disorder (PTSD; Boelen & van den Bout, 2005; Prigerson et al. 1995a; Prigerson et al., 1999; Simon et al., 2011). For example, among adults who had lost their spouse, prolonged grief symptoms did not load highly on the factors of depression or anxiety (Prigerson et al., 1996). In an outpatient sample, prolonged grief, depression, and anxiety similarly clustered as three distinct factors (Boelen, van den Bout, & de Keijser, 2003). Even after controlling for MDD and PTSD, prolonged grief was significantly associated with reduced social and occupational functioning, sleep difficulties, substance use, and suicidal ideation (Bonanno et al., 2007; Latham & Prigerson, 2004). In light of this empirical support, a panel of grief experts proposed criteria for a new diagnostic category for prolonged grief, including separation distress; cognitive, emotional and behavioral symptoms; and clinically significant impairment persisting at least six months after the death (Prigerson et al., 2009).

As is often the case, the *International Classification of Diseases* (ICD), governed by the World Health Organization, and the *Diagnostic and Statistical Manual* (DSM), published by the American Psychiatric Association, incorporated this data a bit differently. Maintaining Prigerson et al.'s (2009) criteria, the World Health Organization officially added Prolonged Grief Disorder (PGD) as a new diagnosis in the forthcoming ICD-11 (WHO, 2017). The American Psychiatric Association (2013) instead utilized the term Persistent Complex Bereavement Disorder (PCBD), and included this in an appendix of DSM-5 as a condition for further study. The DSM-5 also extended the time since loss to a minimum of 12 months before the diagnosis could be

considered. Despite different time requirements for diagnosis in the ICD and DSM, Maciejewski, Maercker, Boelen, and Prigerson (2016) reported that the distinctions between the two diagnoses are mainly semantic. Given that PGD and PCBD have similar occurrence rates (~10%), are highly correlated (at least .85), have similar levels of diagnostic specificity (95-98%), and display comparable predictive validity, Maciejewski and colleagues suggested that both labels represent a single diagnostic entity.

The considerable debate surrounding diagnostic categories of grief within the scientific community highlights the need for continuing investigation into this complex psychological phenomenon (Wakefield, 2012). Kaplow, Layne, and Pynoos (2014) called for research that considers both risk and protective factors and “rigorously evaluates whether the constellation of criteria making up PCBD is sufficiently valid, comprehensive, clinically useful, and empirically distinct from other established disorders” (para. 4). Noting the individualized nature of grief, Kaplow and colleagues (2013) criticized designations that rely too heavily on length of symptoms (e.g., persisting for >12 months in adults per DSM-5 criteria), with less attention given to underlying mechanisms, risk and protective factors, and the influence of circumstances of death.

Research consistently demonstrates that circumstances surrounding the death of a loved one (e.g., cause of death, suddenness vs. predictability of death) and one’s relationship with the deceased (e.g., close vs. more distant) significantly influence both the intensity and persistence of grief reactions (Holland & Neimeyer, 2011; Shear et al., 2011). Notably, *traumatic bereavement* is included as a DSM-5 specifier for PCBD, and is defined as “bereavement due to homicide or suicide with persistent distressing preoccupations regarding

the traumatic nature of the death (often in response to loss reminders), including the deceased's last moments, degree of suffering or mutilating injury, or the malicious or intentional nature of the death" (APA, 2013, p. 790). Additionally, while not included as a DSM specifier, the loss of an attachment-like figure has been repeatedly associated with higher levels of prolonged psychological distress (Holland & Neimeyer, 2011; Shear et al., 2011). As such, individuals who experience the sudden or violent death of a loved one potentially face a double dose of risk factors, may take longer to recover, and are particularly vulnerable to exacerbated grief reactions.

A Multidimensional Diagnostic Approach

Increasing the complexity of efforts to define grief, some scholars have identified multiple symptom domains. For example, Kaplow et al. (2013) posited that adaptive and maladaptive grief reactions do not exist in disparate categories (e.g., "X is an adaptive reaction, but Y is not"), but instead can be placed on a continuum within multiple domains of distress. These researchers proposed multidimensional grief theory (MGT) to account for "causal risk factors, causal consequences, key mediators and moderators, and developmentally-linked manifestations of grief," that are not currently addressed in the PCBD diagnostic criteria (Kaplow et al., 2013, p. 325). Rather than using the global term *psychological distress*, Kaplow and colleagues (2013) identified three specific domains of distress that may differentially predict outcomes: separation distress, existential/identity distress, and circumstance-related distress.

Separation distress is grounded in Bowlby's (1960) conceptualization of loss through the lens of attachment. Yearning, longing for, and missing a loved one—even to the point of

significant depression—are posited to be normative aspects of separation distress, while suicidal behavior (with the goal of being reunited with the deceased) and high-risk behaviors or developmental regression (motivated by the goal of identifying with/staying connected to the deceased) are more symptomatic of pathological separation distress (Kaplow et al., 2013).

MGT's second domain, *existential and identity distress*, encapsulates shattered assumptions theory (Janoff-Bulman, 1992) and related social constructivist approaches (Neimeyer, 2004; Park & Folkman, 1997). Normative existential/identity distress might include a disrupted sense of self and the world, searching for meaning, and struggling to cope with secondary losses (e.g., loss of roles, dreams). More pathological extremes in this domain include nihilistic despair and hopelessness (e.g., "Nothing else matters without him/her"), death wishes or survivor guilt (e.g., "I should have died with, or instead of, him/her"), and a blighted future, characterized by recklessness or indifference (e.g., "I don't care whether I live or die"), along with an inability to develop a new identity or meaningful relationships (Kaplow et al., 2013, p. 326).

Finally, *circumstance-related distress* is included as MGT's third domain, accounting for how the manner in which a loved one died (particularly by traumatic, unexpected, or violent means, or by someone who had malicious intent) might impact the grieving process (Kaplow et al., 2013). Expected reactions in situations of traumatic loss include intrusive memories and distressing emotions such as horror, anger, or revulsion; however, over time, the frequency and intensity of these experiences will likely decline and be replaced, at least in part, with neutral or positive memories of the loved one (Kaplow et al., 2013). Individuals may even choose to engage in advocacy, volunteerism, or professional work aimed at protecting others from similar forms of death. Maladaptive circumstance-related distress may manifest itself in prolonged and

significant impairment within emotional, cognitive, and/or behavioral domains, such as rage, fear, guilt or vengeful acts (Kaplow et al., 2013). Circumstance-related distress is thought to “contain and subsume classic PTSD symptoms encroaching upon adaptive grieving tasks” (Kaplow et al., 2013, p. 329), as supported by the extensive work of Cohen and Mannarino (2006, 2011).

Multidimensional grief theory posits that bereaved individuals may cope well in one domain, while struggling with maladaptive reactions in another area. Rather than categorizing the bereaved as either meeting or not meeting criteria for PCBD, this theory facilitates a deeper understanding of the various domains in which grieving individuals demonstrate resilience, as well as areas where intervention may be needed. Challenging the binary between adaptive and pathological bereavement, multidimensional grief theory integrates diverse perspectives within a nuanced framework and thus informs the design and analysis of the present study.

Bereavement and Mental Health Outcomes

Diverse Grief Trajectories

Historically, bereavement research has focused primarily on negative psychological outcomes, including PCBD, MDD, and PTSD (Bonanno & Mancini, 2012). However, the distinction between normal and pathological grief is far from clear, and individuals who display little psychological distress post-loss have generally been considered to be in denial (Bonanno, 2004). The categorical structure of PCBD has yet to be fully empirically validated, and researchers continue to debate whether “absence of grief and trauma reactions are best understood as a dysfunctional aberration, a normal response, or the result of extraordinary coping ability” (Bonanno, Westphal, & Mancini, 2011, p. 514). Further exploration of the risk

and protective factors that influence the grief process is critical, including the role of culture (Parkes, Laungani, & Young, 2015) and religion/spirituality (Park, 2005).

Recent prospective studies have identified several distinct psychological trajectories of bereavement using latent growth mixture modeling, namely, chronic distress, delayed onset, recovery, and resilience (Bonanno, 2004; Bonanno & Mancini, 2012; Bonanno, Westphal, & Mancini, 2011). Across multiple samples, it is estimated that somewhere between 5 and 30% of bereaved individuals experience *chronic distress* consistent with PCBD criteria, averaging 10% among community samples. Such persistent psychological anguish is particularly likely to occur in cases of violent death (Mancini, Prati, & Black, 2011) and with the loss of a child (Bonanno, Papa, Lalande, Zhang, & Noll, 2005). Other predisposing factors include a history of losses, exposure to trauma, psychiatric diagnoses, and dependency on the lost loved one (Lobb et al., 2010).

In contrast, somewhere between 15 and 25% of the bereaved may experience moderate to severe acute psychological distress and functional impairment that ultimately abates within one to two years, resulting in a return to baseline functioning (Bonanno, Westphal, & Mancini, 2011). This trajectory of *recovery* is consistent with the historical conceptualization of bereavement as a normal psychological response to loss. Bonanno and Mancini (2012) also reported a subset of individuals with *delayed onset* of grief symptoms, evident in up to 15% of the bereaved. Across multiple prospective studies, these researchers surprisingly found that a large portion of bereaved individuals—from 35 to 65%—did not exhibit clinically-significant psychological distress and functional impairment, even immediately following the loss (Bonanno, Westphal, & Mancini, 2011). They described this trajectory as *resilience*,

characterized by “relatively stable, healthy levels of psychological and physical functioning” (Bonanno, 2004, p. 20). These findings point to the need for research that teases out specific intra- and interpersonal factors associated with each bereavement trajectory.

Distinguishing PCBD from Other Disorders

Risk factors for PCBD can be intrapersonal (e.g., female gender, older age, cognitive impairment, pre-existent psychiatric diagnoses, blaming self for the death), situational (e.g., sudden or violent death, witnessing the death or discovering the body, close relationship with the deceased, especially loss of a child), or interpersonal (e.g., lack of social support, stigma due to death circumstances that leads to isolation) (Kersting, Braehler, Glaesmer, & Wagner, 2011; Kristensen, Weisaeth, & Heir, 2012; Neria & Litz, 2004; Newson, Boelen, Hek, Hofman, & Tiemeier, 2011; Vanderwerker & Prigerson, 2004). Comorbidity of diagnoses is possible, as shown by Simon et al. (2007), who reported that among treatment-seeking individuals diagnosed with PCBD, 19.4% also met criteria for MDD, 12.6% also met criteria for PTSD, and 35.9% also met criteria for both MDD and PTSD. However, in over 80% of this sub-sample, the MDD or PTSD diagnosis preceded the loss experience. Among a sample of bereaved older adults, elevated levels of anxiety and depression were noted, but the majority of participants did not display distress to the level of co-morbid diagnoses (Newson et al., 2011).

In order to effectively study the subset of individuals who experience chronic, unremitting grief, it is important to distinguish this symptom cluster from both MDD and PTSD, as historically, these labels have often been used to identify individuals who experience persistent psychological distress following the death of a loved one. Jordan and Litz (2014) point out that while MDD is characterized by general feelings of hopelessness and depressive

rumination, PCBD stems from preoccupation with the deceased in particular, and often, includes self-blame associated with the death. Where MDD includes widespread loss of interest and anhedonia, PCBD is characterized by an overwhelming focus on the lost loved one and obsession with their absence. Beyond depressive symptoms, PCBD is marked by the inability to accept the loss, confusion about one's role and purpose, and difficulty trusting others (Jordan & Litz, 2014).

Considering that a loved one's death which is unexpected or violent increases the likelihood of PCBD, symptom differentiation from PTSD is also vital. While the emotions of anger, fear, and horror are predominant in PTSD, feelings of emptiness, yearning, and loss are driving factors of PCBD (Jordan & Litz, 2014). Following loss, PTSD is likely to involve intrusive thoughts about the death event itself and attempts to avoid these memories, while PCBD includes rumination about many aspects of the griever's relationship with their lost loved one, both positive and negative, and is not limited to only the deceased's final moments. The use of avoidance is also less prevalent in PCBD, except when the griever is faced with reminders of their loved one's absence and death's permanence. Jordan and Litz (2014) urge clinicians to give careful thought to differential and dual diagnosis, rather than assuming that one loss-related disorder precludes the presence of another.

Positive Outcomes

While many seminal grief studies have explored the maladaptive outcomes of grief (Stroebe, Hansson, Schut, & Stroebe, 2008), some individuals faced with significant life stressors, including the unexpected death of a loved one, report subsequently experiencing positive psychological changes in the context of adversity (Calhoun, Tedeschi, Cann, & Hanks,

2010; Engelkemeyer & Marwit, 2008; Matthews & Servaty-Seib, 2007; Wagner, Knaevelsrud, & Maercker, 2007). This phenomenon goes beyond resilience, which is operationally defined as “the ability to bounce back or recover from stress” (Smith et al., 2008, p. 194) and has been described as posttraumatic growth (PTG; Tedeschi & Calhoun, 1995, 1996). According to Calhoun and colleagues (2010), PTG encapsulates “positive changes experienced as the result of the struggle with major life crises” (p. 126), and has been measured in five main areas, as described below.

Death of a loved one can certainly result in loss of one’s support system, leading to social isolation, particularly if the circumstances surrounding the death are stigmatized (e.g., suicide; Hanschmidt, Lehnig, Riedel-Heller, & Kersting, 2016). However, some bereaved individuals report *positive changes in their relationships*, including an increased sense of closeness, connection, and satisfaction. Furthermore, surviving the tragic loss of a loved one can also result in an altered self-perception. Almost paradoxically, along with a growing awareness of the unpredictability of life, some individuals also experience a *felt sense of personal strength* and confidence in their ability to cope with life’s future hardships (Calhoun, Tedeschi, Cann, & Hanks, 2010). Many bereaved individuals step into new roles and responsibilities in the wake of their loved one’s death, including financial, occupational, and social; while this transition is inherently stressful, some griever report an *increased awareness of new possibilities* they were not aware of before. Recognizing the fragility of life and inevitability of death (described as “mortality salience;” Martin, Campbell, & Henry, 2004), the bereaved may experience a greater *appreciation for every day*, leading them to be more intentional, present, and engaged. Finally, death often results in *existential/spiritual struggle*

and change (Pargament, Murray-Swank, Magyar, & Ano, 2005). While some grievors report anger and disillusionment, others experience comfort from their personal faith, drawing on beliefs in a transcendent being and the existence of an afterlife to reconstruct meaning and purpose (Znoj, 2006).

Context for Posttraumatic Growth

Research to date suggests that traumatic loss may be uniquely associated with posttraumatic growth. Among university students, Currier, Malott, Martinez, Sandy, and Neimeyer (2013) found that participants who had lost loved ones through a violent death reported higher levels of both psychological distress and PTG. However, younger age at the time of loss and lower education levels in the family of origin have been associated with higher levels of PTG (Butler et al., 2005; Currier, Holland, & Neimeyer, 2012). Due to the overrepresentation of these characteristics in many university research samples, broader recruitment strategies are needed to corroborate these results with other populations.

Recruiting both students and community members, Armstrong and Shakespeare-Finch (2011) reported that losses self-appraised as more violent or traumatic were associated with higher levels of PTG in the areas of new possibilities, personal strength, relating to others, and appreciation for life. Additionally, participants who had lost a first-degree relative experienced higher levels of PTG (specifically in the areas of personal strength and new possibilities) compared with those who had lost a second-degree relative; however, no significant difference was noted when comparing either first or second-degree relatives with friends. Armstrong and Shakespeare-Finch (2011) suggest that future studies should examine not only kinship, but also the level of closeness/bond in the lost relationship. Specific questions in this regard are

included within the present study, along with use of a combined recruitment method in order to gain a more comprehensive picture of grief experiences.

The Relationship between Grief and Growth

In the PTSD literature, a curvilinear relationship has often been reported between posttraumatic stress and posttraumatic growth (Butler et al., 2005; Kleim & Ehlers, 2009; Shakespeare-Finch & Lurie-Beck, 2014). While comparatively little research to date has examined the connection between PCBD and posttraumatic growth, Engelkemeyer and Marwit (2008) found an inverse correlation between grief and growth among bereaved parents, suggesting that PTG was most likely to occur at lower levels of PBCD symptoms. In contrast, Currier, Holland, and Neimeyer (2012) reported a curvilinear relationship between PCBD and PTG among college students who experienced loss in the last two years. Participants with intermediate levels of psychological distress associated with grief experienced the highest levels of psychological growth, compared with those reporting high or low PCBD symptomology. A curvilinear association was also found within a Turkish community sample grieving the loss of a first-degree relative or romantic partner (Yilmaz & Zara, 2016).

Calhoun, Tedeschi, Cann, and Hanks (2010) suggested that if a loss does not bring about at least some measure of psychological distress, there is little need to search for meaning or re-evaluate one's life. However, in the context of overwhelming distress, bereaved individuals may lack the psychological resources and wherewithal necessary to facilitate personal growth post-loss (Currier, Holland, & Neimeyer, 2012). In a comprehensive review, Kristensen, Weisaeth, and Heir (2012) called for future investigations that examine both PCBD and PTG concurrently. Furthermore, these researchers pointed to the need for exploration of mediating and

moderating factors between sudden losses and associated outcomes. With this in mind, the present study will examine both PCBD symptoms and PTG, and also will seek to identify key intervening variables implicated in the bereavement process.

Attachment Processes in the Context of Bereavement

Attachment, Psychopathology, and Coping

Longitudinal studies have demonstrated that early relational experiences with one's primary caregivers have a profound impact on emotional, cognitive, and social development and functioning in childhood and adolescence (Egeland, Kalkoske, Gottesman, & Erickson, 1990; Erickson, Egeland, & Sroufe, 1985; Sroufe, Clarson, Evy, & Egeland, 1999) through adulthood (McGauley, 2011; Riggs, Paulson, Tunnell, Sahl, Atkison, & Ross, 2007; Ward, Lee, & Polan, 2007). In the context of attuned, sensitive, and consistent caregiving, children develop secure attachment (Ainsworth, Blehar, Waters, & Wall, 1978), characterized by (a) positive models of self and the capacity to calm and soothe themselves and (b) positive models of others with the expectation that relationships are a source of support and comfort. However, when parents are disengaged, inconsistent, or abusive, children develop negative models of self and/or others with less adaptive coping strategies, ranging from emotional disengagement (known as *avoidant/dismissing* attachment) to compulsively clinging to others for reassurance (known as *anxious/preoccupied* attachment) (Bowlby, 1980). In some cases, children do not develop organized behavioral strategies, and may instead exhibit disorganized attachment that in adulthood may be reflected in a fearful attachment style, characterized by negative models of both self and other that contribute to a confusing combination of approach and avoidance

behaviors (Simpson & Rholes, 2002). Emotion regulation, then, is a fundamental process within the attachment system, and has distinct neurobiological correlates (Cassidy, 1994; Hill, 2015).

Deficits in affect regulation have been implicated as a transdiagnostic feature of psychopathology (Kring & Sloan, 2010; Mikulincer & Shaver, 2007). Difficulties effectively managing emotion account for more than 75% of the diagnostic categories included in the DSM (Barlow, 2000; Kring & Werner, 2004). Of particular interest in the context of the present study is research examining the relationship between psychopathology and self-reported attachment in adulthood. Reviewing hundreds of studies—many of them longitudinal or prospective—in clinical and community samples, Mikulincer and Shaver (2007) found that insecure attachment (in both anxious and avoidant dimensions) was consistently associated with psychopathology, including anxiety, depression, suicidal ideation, PTSD, eating disorders, and obsessive compulsive disorder. In addition, attachment avoidance was associated with personality diagnoses rooted in over-inhibition of emotion, including schizoid and avoidant, while attachment anxiety was correlated with personality diagnoses involving emotion dysregulation, including borderline, histrionic, and dependent (Mikulincer & Shaver, 2007).

Adult Attachment and Loss

Death of a loved one often represents the loss of an attachment relationship (Bowlby, 1980), and the ability to seek out and benefit from social support amidst bereavement is likely influenced by prior attachment experiences (Stroebe, Schut, & Stroebe, 2005). As such, attachment is an important factor to consider in post-loss adjustment—both the dynamics of one's relationship to the deceased, as well as the bereaved's overarching attachment style with close others. Conceptualizing attachment as fundamental to one's experience of and ability to

regulate emotion, Stroebe et al. (2005) proposed that the bereaved's internal working models (IWMs) of relationships shape "the course, intensity, and way of grieving after the death of an attachment figure" (p. 58). In theory, bereaved individuals with a *secure* attachment are more able to access and process the difficult and painful emotions inherent to grief without being unduly overwhelmed (Shaver & Tancredy, 2001). Though grief is disorienting, their positive IWMs orient them toward relationships, which facilitate emotional processing and felt support.

In contrast, when facing loss, individuals with high levels of *avoidant (dismissing)* attachment are likely to turn away from others, exhibiting a compulsive self-reliance that isolates them (Stroebe, Schut, & Stroebe, 2005). Furthermore, they are likely to take active steps to avoid emotional reminders and memories of the deceased. Though they may display little overt emotional distress, attempts to avoid the pain of grief may backfire, resulting in greater psychological distress long-term. When experiencing the death of a loved one, individuals with high levels of *anxious (preoccupied)* attachment are likely to become overwhelmed by intense emotions, compulsively turning to others for support, while lacking the ability to calm or soothe themselves (Stroebe, Schut, & Stroebe, 2005). Finally, individuals with *disorganized (fearful, unresolved)* attachment lack an organized strategy for managing emotion and relating to others, and theoretically, would be at greatest risk for bereavement complications. All three insecure attachment styles (avoidant, anxious, disorganized) are thought to predispose grievers to prolonged grief.

How does attachment theory's conceptualization of grief hold up empirically? Over the first five years following the death of a spouse, Field and Sundin (2001) found that attachment anxiety was predictive of persistent psychological distress, whereas, attachment avoidance was

unrelated to psychological symptoms. In another study, securely attached widows and widowers reported lower levels of social isolation, rumination, anger, guilt, somatic symptoms, depersonalization, and despair compared with insecurely attached participants (Waskowic & Chartier, 2003). Though neither of these studies formally assessed PBCD, many of the aforementioned symptoms fall within its DSM-5 criteria. In a longitudinal bereavement study, Fraley and Bonanno (2004) found that participants high in attachment anxiety reported higher levels of prolonged grief and experienced an increase in symptom distress across time between 4 and 18 months. In a longitudinal study of child loss, Scheidt and colleagues (2012) reported that preoccupied attachment was positively correlated with psychological distress, including grief symptoms, MDD, PTSD, anxiety, and somatization, while secure attachment was negatively correlated with MDD, PTSD, and anxiety. Dismissing attachment was positively correlated with PTSD only.

As can be seen in the studies above, the recency of formalized definitions of PCBD warrant further research. Further, differing methods for assessing attachment, including clinical interviews (e.g., Adult Attachment Interview, Adult Attachment Interview Q-Sort) and self-report measures (e.g., Experiences in Close Relationships) have been utilized in the literature, at times making comparison difficult. Although much of the attachment literature focuses on distinct attachment categories, some researchers are strong proponents of dimensional measures of attachment anxiety and avoidance (Fraley & Shaver, 2000; Fraley & Spieker, 2003). From this perspective, attachment anxiety is understood as insecurity about and preoccupation with close others' accessibility and their willingness to provide emotional support, while attachment avoidance is described as a predisposition toward excessive self-reliance and

emotional distancing, displayed in reticence to turn toward others for care and support (Fraley & Shaver, 2000; Mikulincer et al., 2002).

Numerous studies support the relationship between heightened attachment anxiety and PCBD symptomology, as well as depression, anxiety, and PTSD (Boelen & Klugkist, 2011; Currier, Irish, Neimeyer, & Foster, 2015; Field & Sundin, 2001; Fraley & Bonanno, 2004; Ho, Chan, Ma, & Field, 2013; Meier, Carr, Currier, & Neimeyer, 2013; Wayment & Vierthaler, 2002). However, findings are mixed concerning attachment avoidance, with some studies reporting its association with increased PCBD symptoms and somatic complaints (Boelen & Klugkist, 2011; Currier, et al., 2015; Field & Filanosky, 2010; Mancini & Bonanno, 2012; Shear et al., 2007; Yu, He, Xu, Wang, & Prigerson, 2016), some indicating an association with decreased PTSD symptoms (Mancini, Robinaugh, Shear, & Bonanno, 2008), and still other investigations finding no significant relationship (Meier, Carr, Currier, & Neimeyer, 2013). Some researchers maintain that attachment avoidance can be adaptive in protecting against preoccupation with and rumination about the deceased that is indicative of prolonged grief (Fraley & Bonanno, 2004; Ho, Chan, Ma, & Field, 2013). Yet, even if attachment avoidance decreases psychological distress short-term, it may disrupt or block the grief process necessary for attachment reorganization (Bowlby, 1980; Wijngaards-de Meij et al., 2007), predisposing the bereaved toward what Main and Goldwyn (1998) described as an unresolved state of mind with regard to loss. Attachment avoidance may have particularly detrimental effects in the case of violent, sudden, or otherwise traumatic loss, based on Meier et al.'s (2013) finding that attachment avoidance was a significant predictor of prolonged grief in these cases. Experimental evidence by Mikulincer, Dolev, and Shaver (2004) indicated that while individuals with avoidant

attachment could suppress distressing thoughts in normative circumstances, these participants actually displayed greater automatic activation of distressing thoughts in situations of high cognitive load. As the researchers described it, “Their defenses collapsed when mental resources were too scarce” (Mikulincer & Shaver, 2012, p. 196). Convergent findings point to a similar pattern when individuals are faced with highly-stressful situations (Berant, Mikulincer, & Shaver, 2008). As such, the correlates of an avoidant attachment style following sudden and/or violent loss warrant further investigation.

Significantly fewer studies have explored attachment in relation to posttraumatic growth. However, in a sample of adults grieving the death of a sibling, Cohen and Katz (2015) found that individuals self-reporting an insecure attachment style (72% of the sample) exhibited higher levels of PBCD symptoms and lower levels of PTG, compared with their secure counterparts. Furthermore, griever with high attachment avoidance scores exhibited the least PTG. This finding was corroborated in a longitudinal study following a shooting in Finland, where Turunen, Haravuori, Punamäki, Suomalainen, and Marttunen (2014) reported that avoidantly-attached individuals experienced higher levels of posttraumatic stress and lower levels of PTG than their secure and preoccupied counterparts. Examining PCBD and PTG concurrently in a community sample in China, Yu, He, Xu, Wang, and Prigerson (2016) found a positive relationship between attachment anxiety and PTG, while attachment avoidance was inversely correlated with PTG. Because psychological growth in the wake of loss seems to develop out of the bereaved’s struggle and search for meaning—which may be facilitated in the context of safe relationships—avoidantly-attached individuals may be unlikely to experience PTG due to their intolerance for negative affect and difficulty relying on others.

In review, secure attachment appears to be a protective factor against PCBD (Stroebe, Schut, & Stroebe, 2005) and is associated with PTG (Cohen & Katz, 2015). Recent research trends have begun examining attachment anxiety and avoidance as dimensions, rather than secure vs. insecure categories. While attachment anxiety has been associated with PCBD, the above findings also point to the potentially adaptive role of attachment anxiety in facilitating psychological growth (Yu, He, Xu, Wang, & Prigerson, 2016). However, little is known about potential intervening mechanisms that may influence this relationship. Further, mixed findings suggest that while not always detrimental, an avoidant attachment strategy may represent a higher risk when the death is sudden or violent (Fraley & Shaver, 1999; Meier, Carr, Currier, & Neimeyer, 2013). To our knowledge, no studies to date have examined attachment and the concurrent outcomes of PCBD and PTG in a sample specifically bereaved by sudden or violent loss, representing a clear gap in the literature that is addressed in the present study.

Attachment to God and Loss

Extending the theoretical understanding of attachment within human relationships, Kirkpatrick (1992, 1999) proposed that attachment processes might play a role in religious/spiritual identity. Kirkpatrick developed the construct of Attachment to God (ATG), theorizing that, akin to other close relationships, religious/spiritual individuals develop internal working models of self as well as a divine other (e.g., higher power, God) that influence and shape their day-to-day religious experience. ATG provides a useful psychological concept for exploration of the subjective and relational aspects of religion/spirituality, in contrast with conceptualizations primarily emphasizing assessment of overt religious behaviors (e.g., Religious Commitment Inventory; Worthington et al., 2003). Mikulincer and Shaver (2007)

describe “symbolic personages,” such as a higher power, as a psychological source of felt security, noting that the *perception* of an attachment figure’s availability activates mental representations that modulate stress and facilitate inner calm, even without their physical presence (p. 140).

Because an estimated 89% of Americans endorse “belief in God or a universal spirit” (Pew Research Center, 2014, para. 12) and in light of the role that religion and spirituality often play in making sense of and coping with death, this variable is an important consideration. Despite diversity of thought concerning interactions with a divine other, the world’s monotheistic religious traditions (e.g., Christianity, Islam, Judaism) describe a relationship with God in terms consistent with Ainsworth’s (1985) categorization of an attachment bond. In particular, common to some religions’ view of a relationship with God and attachment theory’s description of the secure attachment relationship are the following key patterns: experiencing the relationship as a safe haven in times of difficulty and a secure base from which to explore; desiring relational proximity; and feeling anxiety when faced with felt separation (e.g., lack of God’s presence; Beck & McDonald, 2004). Notably, an attachment conceptualization may be less relevant among religious traditions that conceptualize divinity in less personal/relational terms (e.g., Buddhism, New Age spirituality; Granqvist, Mikulincer, & Shaver, 2010).

In the context of negative life events, religion and spirituality have been implicated as a source of strength, as well as struggle (Pargament, Desai, McConnell, Calhoun, & Tedeschi, 2006). Two main literatures have emerged exploring the role of religion/spirituality in associations between adversity (e.g., trauma, loss) and psychological functioning. First, there is a growing literature on *religious coping* following loss of a loved one (Boulware & Bui, 2016;

Currier, Mallot, Martinex, Sandy, & Neimeyer, 2013; Lee, Roberts, & Gibbons, 2013; Lord & Gramling, 2014). A second, smaller literature examines the role of *attachment to God* (ATG; Kelley & Chan, 2012), which is of particular interest within the current investigation. For example, in a mixed university and community sample, Rowatt and Kirkpatrick (2002) found that high attachment anxiety toward God was associated with high neuroticism and negative affect. Similarly, researchers have reported links between anxious attachment toward God and psychological distress among both community members (Calvert, 2010) and Protestant parishioners (Bradshaw, Ellison, & Marcum, 2010). In contrast, secure attachment toward God was associated with higher levels of resilience and mental health among parents of children with special needs (Koolaee, Beigi, & Bahari, 2016). None of these studies found statistically significant associations with regard to attachment avoidance, and measurement difficulties have been implicated as a potential confounding factor.

Much of the research on attachment to God has been limited by a correlational design. However, Ellison, Bradshaw, Kuyel, and Marcum's (2012) longitudinal investigation serves as an exception. These researchers found that secure attachment to God at baseline was predictive of greater psychological well-being 22 months later. Further, attachment security with God buffered against the negative psychological impact of stressful life events, while anxious attachment to God seemed to exacerbate stress reactions. Ellison and colleagues (2012) noted that attachment to God was a more robust statistical predictor of psychological health over time than other commonly studied variables such as gender, race, SES, and church attendance. As an emerging construct, a single published study was found examining the relationship between attachment to God and post-loss adjustment. Specifically, Kelley and Chan (2012)

reported an association between a secure attachment to God and lower levels of psychological distress, as well as higher levels of posttraumatic growth among bereaved adults.

The Relationship between Human and Divine Attachment

Conceptualizing religion and spirituality in the context of attachment, Kirkpatrick and Shaver (1990) raised the question of whether individuals' experiences with a divine other would (a) correspond with their IWMs in human attachment relationships, or (b) in some way compensate for lack of emotional safety and security within these relationships. Granqvist (2002) labeled these two potential pathways between human and divine IWMs as *socialized correspondence* and *emotional compensation*. According to the socialized correspondence hypothesis, religious individuals' perceptions of God would be expected to closely mirror their early experiences with primary caregivers, and there is growing support for this theory. Numerous studies have found a positive relationship between attachment to parents and attachment to God, using the AAI (Cassibba, Granqvist, Constantini, & Gatto, 2008), self-report items (McDonald, Beck, Allison, & Norsworthy, 2005; De Roos, 2006), projective and storytelling paradigms (Granqvist, Ljungdahl, & Dickie, 2007), and experimental designs (Birgegard & Ganqvist, 2004). Positive associations have also been found between attachment toward one's romantic partner and attachment to God, mainly using self-report measures (Beck & McDonald, 2004; Reiner, Anderson, Hall, & Hall, 2010; Rowatt & Kirkpatrick, 2002; Sandage, Jankowski, Crabtree, & Schweer, 2015).

The emotional compensation hypothesis offers a competing explanation, suggesting that God may serve as a substitute attachment figure, promoting affect regulation and felt security among those who experience religion or spirituality as a salient part of their identity

(Granqvist, 2002). This theory emerged from Ainsworth's (1989) call for research to explore the role of secondary attachment figures in providing "the security they [some children] could not attain with their own parents" (p. 711). Ainsworth described siblings, extended family members, teachers, mentors, coaches, therapists, and priests/pastors as potential supplementary attachment figures, and researchers have since posited that spiritual beings (e.g., God, higher power) may have a similar function in some individuals' lives (Mikulincer & Shaver, 2007). Multiple studies point to religion as offering some form of psychological compensation. For example, in one longitudinal study, participants who endorsed anxious and avoidant attachment patterns in romantic relationships were more likely to have "found a new relationship with God" than securely attached individuals (Kirkpatrick, 1997, p. 213). In a similar study using Bartholomew and Horowitz's (1991) model of romantic attachment, adults with preoccupied or fearful attachment styles evidenced larger increases in religiosity over time, compared with securely attached participants (Kirkpatrick, 1998). Considering these trends among insecurely-attached individuals, it appears that one's relationship with a divine other may become a primary source of affect regulation (Schoore, 2003).

At this time, there is no clear consensus in the literature about these hypotheses. In light of mixed findings, some researchers have questioned the scientific utility of two diametrically opposed theories, and various attempts have been made at some form of integration. For example, Granqvist (2002) suggested that socialized correspondence may be more likely among securely attached individuals, and emotional compensation more prevalent among those with insecure attachment patterns (e.g., anxious, avoidant). Hall, Fujikawa, Halcrow, Hill and Delaney (2009) proposed *implicit IWM correspondence* as an alternative

framework. Rather than viewing socialized correspondence and emotional compensation as mutually exclusive, these researchers re-conceptualized both hypotheses in light of explicit and implicit knowledge forms (Bucci, 1997). Specifically, Hall and colleagues differentiated between explicit religious/spiritual behaviors (e.g., church attendance, endorsing certain beliefs), which are mediated by language and reason, and implicit religious/spiritual experiences (e.g., felt closeness to or betrayal by God), which are much more affective and relational in nature. Because the attachment system operates at a subconscious level (Main & Goldwyn, 1998), IWMs are largely automatic, pre-symbolic, and pre-verbal (Hall, 2007), and thus more likely to correspond with implicit religious/spiritual experiences.

To date, many studies of attachment and religion have relied on college samples. However, emerging adults often have quite different relational and spiritual experiences than middle-aged or older individuals (Bengtson, Silverstein, Putney, & Harris, 2015). Findings must therefore be replicated within more diverse, representative samples before meaningful conclusions can be drawn (Granqvist, Mikulincer, & Shaver, 2010). Additionally, further investigation is needed among sub-groups of individuals who find a religious or spiritual identity particularly salient. In the grief literature specifically, increased religion and/or spirituality has been associated with decreased grief symptomology across time (Brown, Nesse, House, & Utz, 2004). Because loss of a loved one represents a lost attachment (Bowlby, 1980) and often results in existential/spiritual struggle and change (Pargament, Murray-Swank, Magyar, & Ano, 2005), the IWMs of bereaved individuals are an important area of empirical focus. To our knowledge, no published investigation has explored the relationship between human and divine attachment within a bereavement sample.

Identity Distress, Grief, and Psychological Functioning

Death as a Threat to the Self

The death of a loved one can profoundly impact the bereaved's sense of self (Kaplow, Layne, Saltzman, Cozza, & Pynoos, 2013) and disrupt one's identity (Hastings, 2000; Bonanno, Papa, & O'Neill, 2001). As social creatures, humans in large part define themselves within the context of their close relationships and associated roles/responsibilities. Stack Sullivan (1953) theorized that the self is significantly shaped by *reflected appraisals*, that is, a person's perception of how others see him/her. More recently, Andersen and Chen (2002) utilized the term *relational self* to describe the interpersonal nature of self-knowledge, and Burke and Stets (2009) described *symbolic interactionism* as the process by which an individual draws from multiple self-identities developed in relational contexts. Neimeyer (2009) aptly noted, "The loss of a primary figure who provides critical 'mirroring' risks eroding the selfhood of the survivor" (p. 2). Consider the experience of a man grieving the death of his wife: Is he still a husband? Is he a widower? Is he single? Or, take the paradoxical reality of a bereaved parent, as in the mother who is now childless. For these individuals, bereavement necessarily includes grieving not only the deceased person, but also the loss of one's previously assumed identity (Rando, 1991; Pearlman, Wortman, Feuer, Farber, & Rando, 2014). Grief is, in this regard, an existential journey of questioning, searching, and re-defining the self (Neimeyer & Caciatorre, 2016).

Identity change is a vital consideration post-loss because it is inextricably tied with the bereaved's ability or struggle to engage in goal-directed behavior and activities (Bonanno, Papa, & O'Neill, 2001). Research has begun to explore this process of identity negotiation and reconstruction following death of a spouse (Bauer & Bonanno, 2001; Dutton & Zisook, 2005),

child (Toller, 2008; Jones, 2014), and parent (Cait, 2005; Umberson, 2003). More than just yearning for and missing their loved one, a notable theme in the literature is the subjective sense of *having lost a part of oneself*. This is particularly likely if the bereaved's sense of identity was found primarily within their lost relationship (e.g., a stay-at-home mother whose child dies; Maccallum & Bryant, 2013). In such cases, the death represents a threat to the self—one's principle or core identity (Burke & Stets, 2009). Further, when a death is sudden or violent, identity confusion and distress may be more prominent and confounding. The inability to reconstruct a coherent sense of self post-loss has been associated with PCBD symptoms (Boelen, van den Bout, & van den Hout, 2006; Shear & Shair, 2005; Shear et al., 2007), making this an important intervening variable in the present study. With regard to posttraumatic growth, identity changes have often been conceptually discussed in the literature (Berger, 2015; Maitlis, 2009; Pals & McAdams, 2004), but empirical investigations of both PBCD and PTG have often relied on ethnicity or religion as identity markers, rather than directly measuring identity distress.

Attachment and Identity Reconstruction

Pittman, Keiley, Kerpelman, and Vaugh (2011) argue that "identity formation is less an individual accomplishment than a co-construction of an individual with significant others" (p. 32). Yet while attachment and identity are conceptually related, little research has examined them concurrently (Arseth, Kroger, Martinussen, & Marcia, 2009; Mikulincer & Shaver, 2005), particularly in the context of bereavement. MacCallum and Bryant (2013) theorize that attachment may play a key role in identity reconstruction following loss. Lacking a secure model of self, anxiously attached individuals are apt to rely heavily on close others as a primary—if not

sole—source of self-definition. They may unquestioningly internalize others' appraisals, drawing identity from others' evaluations of them at the expense of critical self-reflection (Pittman et al., 2011). It follows, then, that people high in attachment anxiety may display greater levels of identity distress post-loss and experience more doubt about their ability to function without their loved one (Maccallum & Bryant, 2013). In contrast, individuals high in attachment avoidance lack a secure model of others, and as such, may be less likely to draw their identity from close relationships or seek support from others following the death of a loved one (Pittman et al., 2011). Whether an avoidant attachment strategy ultimately results in less identity disruption and psychological distress, or, if such distress is internally present, but not apparent to others, remains to be seen.

Overall, there is a dearth of literature examining identity disruptions across the lifespan, and particularly in the context of bereavement (Boelen, 2009). In one notable exception, Papa and Lancaster (2016) found that identity distress mediated the relationship between relational self-construals and prolonged grief symptoms. However, the majority of research to date has focused on identity development during adolescence and emerging adulthood (Berman & Montgomery, 2014). Noting this, Stets and Serpe (2013) called for more research examining the ways in which humans' multiple identities develop, evolve, and change in response to life events. The present study aims to explore this question specifically in the context of traumatic loss. In bereavement-specific studies, qualitative research designs and single-item measures have attempted to capture the subjective experience of identity distress (Papa & Lancaster, 2016). To address these methodological limitations, we use a quantitative design and Berman, Montgomery, and Kurtines' (2004) 10-item measure of identity distress.

Shattered Assumptions and Post-Loss Adjustment

Loss of the Assumptive World

Frankl (1992) posited that “the quest for meaning is the key to mental health and human flourishing” (p. 157). Existential and humanistic philosophers across the centuries have argued that seeking and finding meaning is a basic human need (Neimeyer, Burke, Mackay, & van Dyke Stringer, 2010). Research suggests that the ability to make sense of negative life experiences is associated with less psychological distress (Keesee, Currier, & Neimeyer, 2008; Park, 2010; Waters, Shallcross, & Fivush, 2013) and greater levels of posttraumatic growth (Cann, Calhoun, Tedeschi, & Solomon, 2010; Engelkemeyer & Marwit, 2008; Graci & Fivush, 2016; Lilgendahl & McAdams, 2011). Wilson and Gilbert (2005) conceptualized the presence of a “psychological immune system” that operates at an implicit level, fending off emotional chaos and hopelessness through the strategic use of assimilation and accommodation processes to decrease cognitive dissonance.

While meaning in life has been operationalized in a number of different ways, Kauffman’s (2013) theory of traumatic loss defines the search for meaning within the framework of shattered assumptive world beliefs, extending the work of Janoff-Bulman (1992). Death does not always precipitate a search for meaning, but the unexpected or violent loss of a loved one, in particular, is likely to lead to existential questioning and dissonance between one’s previously-held assumptions and current lived experience (Kauffman, 2013; Currier, Holland, & Neimeyer, 2006; Davis, Wortman, Lehman, & Silver, 2000). Neimeyer, Laurie, Mehta, Hardison, and Currier (2008) proposed that, compared with more predictable deaths, sudden or violent loss uniquely challenges—and potentially shatters—the bereaved’s cognitive

framework. Formerly held beliefs about how the world operates and how people will act (e.g. justice, safety, and goodwill) are called into serious question.

This psychological loss of what was previously assumed to be true has been described as “a core wound of all bereavement” that must be attended to (Kauffman, 2013, p. 2). It is ultimately a crisis of worldviews, which can be profoundly disorienting and personal: “Loss of the assumptive world is loss of safety, and loss of safety is loss of self. To the extent the self ceases to be safe, it ceases to be” (Kauffman, 2013, p. 209). From this perspective, grief resolution necessitates constructing an altered worldview that incorporates the bereaved’s lived experience of unpredictability, vulnerability, and the limitations of personal control (Beder, 2005). Over the last decade, meaning reconstruction therapy (MRT) has been developed as a research-based intervention approach that targets rebuilding clients’ assumptive world beliefs as an important therapeutic goal (Neimeyer & Cacciatore, 2016).

Reconstruction of Meaning

Shattered world assumptions and their association with PTSD symptoms have been examined in diverse trauma samples, including victims of interpersonal violence (Lilly, Valdez, & Graham-Bermann, 2010), combat veterans (Larner & Blow, 2011), students impacted by the Virginia Tech shooting (Grills-Taquechel, Littleton, & Axsom, 2011) and Iraqi bombing survivors (Freh, Chung, & Dallos, 2013). Reconstruction of the assumptive world following death of a loved one has gained increasing attention in the bereavement literature, although various measures have been used, making comparison of findings difficult (Gillies, Neimeyer, & Milman, 2014; Matthews & Marwit, 2006; Neimeyer, Baldwin, & Gillies, 2006; Shear, Boelen, & Neimeyer, 2011). In a college sample, Currier, Holland, and Neimeyer (2006) found that the

extent to which individuals had made meaning of their loss mediated the relationship between violent loss and prolonged grief symptoms. One notable limitation in this, and many similar studies, is the use of a single-item measure of meaning, which fails to account for the multiple cognitive facets represented in Janoff-Bulman's (1992) theory (e.g., controllability, comprehensibility, trustworthiness, safety).

Mancini, Prati, and Black (2011) utilized Janoff-Bulman's original measure, the World Assumptions Scale (WAS; Janoff-Bulman, 1989) in a sample of bereaved parents and spouses, and found that one subscale—the self as worthy—mediated the relationship between violent loss and PTSD symptoms. However, researchers have been reticent to use the WAS because of concerns about its factor structure and psychometrics (Elklit, Shevlin, Solomon, & Dekel, 2007; Kaler et al., 2008). Kaler (2009) sought to address these measurement limitations by developing and validating a self-report measure, the World Assumptions Questionnaire (WAQ) that is true to the theory of world assumptions, but possesses a more clear factor structure.

Attachment and Meaning-Making

Rebuilding one's assumptive world is not an isolated intrapsychic activity. Research suggests that meaning-making is an inherently social process, in which family members, friends, faith communities, and mental health professionals may all play important roles (Davis, Harasymchuk, & Wohl, 2012; Walsh, 2007). Researchers have proposed that meaning-making is a representational process (Neimeyer, Burke, Mackay, & van Dyke Stringer, 2010) within the intersubjective social experience. At the core of grief, then, is the need to utilize safe relational contexts to co-construct a coherent narrative of the loved one, the circumstances surrounding death, and the reality of one's existence and identity even without this individual, in order to

create a new future. This self-narrative is described as “an overarching cognitive-affective-behavioral structure that organizes the ‘micro-narratives’ of everyday life into a ‘macro-narrative’ ” (Neimeyer, 2004, p. 53). Considering these dynamics, the interplay between attachment and the ability to make meaning following traumatic loss is an important area of investigation. Few studies to date have expressly examined this relationship. Chang (2015) found higher levels of meaning-making among bereaved individuals who exhibited a secure attachment style and among those who had anticipated the death. Additionally, in a community sample of bereaved adults, a secure attachment to God was inversely related to prolonged grief and depression, and these relationships were mediated by meaning-making (Kelley & Chan, 2012). In this study, a secure attachment to God was also associated with posttraumatic growth. Douglas (2014) also examined meaning as a potential mediator between attachment insecurity and prolonged grief, operationally defining *meaning* in terms of benefit-finding, positive reappraisal, and sense-making. Although both attachment insecurity and low levels of meaning uniquely contributed to prolonged grief symptoms, evidence for mediation was not found. Douglas’s sample, however, was not traumatically bereaved and consisted solely of college students. Further, the researcher utilized discrete categories of attachment (insecure vs. secure), which may have decreased statistical power. In light of these mixed findings, the current investigation combines and replicates aspects of previous studies by examining positive world assumptions as a potential mediator between attachment to close others or God and post-loss psychological functioning.

Cultural Influences on Coping with Bereavement

Cultural Variance in the Grief Experience

Attachment bonds and other relationships always occur within a larger social and cultural context (Keller, 2012). Amidst the considerable variance in how people cope with the death of a loved one, culture is thought to play an instrumental role (Cacciatore & DeFrain, 2015). In an early study examining bereavement within Muslim communities, Wikan (1988) proposed that “culture more than religion shapes and organizes responses to loss” (p. 451). More recently, researchers have called for an examination of “the interplay between individual response and a person’s cultural and religious context” (Oyebode & Owens, 2013, p. 60). Unfortunately, many theories and investigations of bereavement have failed to examine culture-related variables beyond generic markers such as ethnicity/race, with a few exceptions (e.g., Lalande & Bonanno, 2006; Laurie & Neimeyer, 2008). Chun, Moos and Cronkite (2006) argued that culture is a key contextual factor influencing the grief and coping process, and cannot be fully captured within ethnic/racial categories alone, as considerable diversity exists within these groups.

Individualism and collectivism are two relational orientations within groups that are frequently cited in the cross-cultural literature (Triandis, 2001). People raised in collectivistic cultures find their sense of identity within the larger social context and prioritize in-group goals, while those in individualistic cultures pay more attention to internal processes and value autonomy and self-determination (Heine, 2015). Within a collectivistic orientation, psychological functioning is less strictly defined as a within-person phenomenon and more readily influenced by group alliance and standing (Heine, 2015). Multiple studies within college

samples have found well-being to be positively associated with collectivism and negatively associated with individualism (Bettencourt & Dorr, 1997; Ebreo, 1998). In an ethnically diverse community sample, Shavitt et al. (2016) observed this relationship among Mexican Americans, but not among African Americans, Asian Americans, or European Americans. However, in a meta-analysis of 170 studies examining psychological implications of individualism and collectivism, Oyserman, Coon and Kemmelmeier (2002) found that a felt sense of personal control (associated with individualism) was correlated with less depression among non-Asian participants. These mixed results point to the complex influences of culture on coping and the ways in which the individualism/collectivism construct perhaps fails to account for important variance.

Culturally-based Coping Strategies

The individualism/collectivism binary has recently been criticized as overly simplistic and unable to fully capture the impact of culture on day-to-day functioning, particularly in today's increasingly diverse world (Green, Deschamps, & Paez, 2005; Voronov, 2002). Brewer and Chen (2007) commented, "There are many different ways of being 'separate individuals' and many ways of being 'embedded' in social relations or groups" (p. 141). Reviewing the literature, Hardie, Critchley, and Morris (2006) noted that existing measures of coping are biased toward individualistic values and "eurocentric" assumptions (e.g., problem and emotion-focused coping). Furthermore, there is a growing body of evidence for collective and relational coping dimensions, pointing to the need for an expanded and culturally-informed framework (Kuo, 2011). Drawing on Brewer and Gardner's (1996) theory of individual, relational, and collective self-aspects, researchers have proposed a tripartite conceptualization of coping that considers

individualism, relational collectivism, and group collectivism (Brewer & Chen, 2007). Rather than assuming that individuals are solely individualistic *or* collectivistic in their orientation, evidence suggests that at various times and in various ways, people draw their sense of identity from and rely on some combination of their individual self, close relationships, and the groups (e.g., work, school, church) of which they are a part (Kuo & Gingrich, 2004; Kuo, Roysircar, & Newby-Clark, 2006; Wester, Kuo, & Vogel, 2006). Interestingly, greater complexity of these coping styles (e.g., rather than exclusive use of self, close relationships, or groups) was found to be associated with enhanced psychological and physical wellbeing (Hardie et al., 2006).

Multidimensional grief theory (MGT), which serves as a conceptual foundation for the present study, posits that cultural factors (e.g., individualism, collectivism) likely moderate the relationship between loss experiences and psychological outcomes (Kaplou et al., 2013). Black (2014) explored relational collectivism within a bereavement sample and did not find moderation. However, Black only included questions pertaining to relational collectivism, failing to account for individualism and group collectivistic coping aspects. In addition, measurement limitations and lack of a diverse sample, leading to a restricted range of scores, may have interfered with the ability to detect an effect. Clearly, further research is needed to explore the hypotheses of MGT. The present study explores the construct of culturally-based coping as a potential moderator between attachment and psychological functioning.

APPENDIX B

ADDITIONAL FINDINGS AND TABLE

Culturally-based Coping

To further explore the influence of culture on our outcome variables, we examined the potential moderating roles of culturally-based coping. Hypothesis 4a proposed that individualistic coping would moderate the relationship between attachment anxiety and prolonged grief. Hypothesis 4b posited that relational and collectivistic coping would moderate the relationship between attachment anxiety and posttraumatic growth. Hypothesis 4c proposed that individualistic coping would moderate the relationship between attachment avoidance and prolonged grief. Finally, hypothesis 4d posited that relational and collectivistic coping would moderate the relationship between attachment avoidance and posttraumatic growth.

Method

Measures

Cultural influences on coping were assessed using the Relational, Individual and Collective Coping Scale (RICC; Hardie, Critchley, & Morris, 2006), an 18-item self-report measure designed to evaluate the use of individual, relational, and social collective coping styles in response to a stressful life event. Within this measure, *individual coping* is defined as "strategies that involve the individual alone," *relational coping* as "strategies which involve a significant other with whom one has a close interpersonal relationship", and *collective coping* as "strategies involving a social group or collective to which the person belongs" (Hardie, Critchley, & Morris, 2006, p. 226). These coping styles are operationalized in three subscales: Individual Coping ($\alpha = .74$), Relational Coping ($\alpha = .85$), and Collective Coping ($\alpha = .91$) (Hardie, Critchley, & Morris, 2006). The RICC has demonstrated good internal consistency, as well as

convergent and discriminant validity (Hardie, Critchley, & Morris, 2006). In this study, Cronbach's alphas were .89 (Individual Coping), .94 (Relational Coping), and .97 (Collective Coping). Subscale scores were computed, with higher scores indicating greater endorsement of individual, relational and collective coping strategies, respectively.

Results

Extended Preliminary Analyses

Preliminary analyses were run to test major assumptions of regression and path analysis. Skewness and kurtosis values were examined. Variables were approximately symmetrical, with the exception of prolonged grief symptoms (skew = 1.01, $SE = .13$) and collective coping (skew = .53, $SE = .13$), which were slightly positively skewed. Kurtosis values ranged from .01 to -1.01, suggesting the data to be slightly platykurtic. Despite this, the data fell within acceptable limits to meet the assumption of multivariate normality (Bryne, 2010; Hair et al., 2010). Univariate outliers were examined using boxplots. We screened for values more than three inter-quartile ranges (IQR's) away from boxplots, in line with Hoaglin and Iglewicz's (1987) recommendations, and no cases were identified. Outlying scores fell within a normative range, and therefore were retained. Multivariate outliers were examined using the Mahalanobis Distance statistic, and two cases were excluded due to a combination of unusual scores resulting in $p < .001$, resulting in a final analyzable sample of 374 participants. Examination of tolerance and VIF indicated low multicollinearity, and review of scatter and Q-Q plots did not point to violations in linearity, normality, or independence of errors.

Primary Analysis

The PROCESS macro tested the potential moderating role of culturally-based coping styles on the relationship between adult attachment patterns and psychological outcomes, controlling for time since loss. Moderation was not found, as all interaction terms were non-significant. However, culturally-based coping styles uniquely contributed to hierarchical linear regression models of prolonged grief and posttraumatic growth (see Table 5). The final model for prolonged grief was significant, $F(6, 366) = 12.36, p < .000$, accounting for 16.8% of the variance. Relational coping uniquely contributed ($\beta = .19, p = .002$), independent of adult attachment anxiety ($\beta = .25, p < .000$), adult attachment avoidance ($\beta = .21, p < .000$), and time ($\beta = -.20, p < .000$). Considering posttraumatic growth, the final model was significant, $F(6, 366) = 21.25, p < .000$, accounting for 25.8% of the variance. All three coping styles, individual ($\beta = .30, p < .000$), relational ($\beta = .17, p = .003$), and collective ($\beta = .19, p = .001$), uniquely contributed; time since loss, attachment anxiety and avoidance were nonsignificant. Thus, this hypothesis was not supported.

Discussion

Although culturally-based coping strategies did not moderate psychological outcomes, each was uniquely associated with posttraumatic growth. In the wake of a loved one's death, active coping strategies—whether individualistic, relational, or collectivistic—appear to be more influential in facilitating posttraumatic growth than attachment patterns per se. This finding suggests that social and cultural context play an instrumental role in psychological growth and change following loss (Cacciatore & DeFrain, 2015). However, the present study is the first to consider the relationship between culturally-based coping strategies and

posttraumatic growth, and there are some measurement limitations, so results should be interpreted with caution.

Table B.1

Hierarchical Linear Regressions Examining the Roles of Culturally-based Coping (N = 374)

DV: Adult Attachment	Prolonged Grief						Posttraumatic Growth					
	ΔR^2	$F\Delta$	B	$S.E.$	β	t	ΔR^2	$F\Delta$	B	$S.E.$	β	t
Step 1:	.04	16.35***					.00	.53				
Constant			26.66	.94		28.36***			47.75	2.34		20.41***
Time since loss			-.71	.18	-.21	-4.04***			.32	.44	.04	.73
Step 2:	.10	20.40***					.01	2.45				
Constant			15.08	2.19		6.90***			52.18	5.70		9.16***
Time since loss			-.68	.17	-.20	-4.07***			.31	.44	.04	.71
Attachment Anxiety			1.82	.35	.26	5.25***			1.20	.90	.07	1.33
Attachment Avoidance			1.14	.44	.13	2.57**			-2.30	1.16	-.11	-1.99**
Step 3:	.03	4.53**					.24	40.12***				
Constant			9.19	2.80		3.29***			9.26	6.44		1.44
Time since loss			-.69	.17	-.20	-4.16***			.35	.38	.04	.92
Attachment Anxiety			1.74	.35	.25	5.04***			1.47	.79	.09	1.85
Attachment Avoidance			1.86	.50	.21	3.73***			.54	1.15	.03	.47
Individual Coping			.02	.07	.01	.20			1.03	.17	.30	6.09***
Relational Coping			.22	.07	.19	3.12**			.48	.16	.17	2.96**
Collective Coping			-.00	.07	-.00	-.05			.51	.16	.19	3.30**

*** $p < .001$, ** $p < .01$, * $p < .05$

APPENDIX C
IN MEMORY

All research participants were given the opportunity to dedicate their involvement in the study in memory of their loved one(s). Their epitaphs are included below.

--

To my fellow mourners: You are strong. You are worthy. You are loved unconditionally. Always be brave and always be kind. To my mother: You were strong. You were worthy. I have always loved you unconditionally and I always will.

--

My Son
As long as I can dream
As long as I can think
As long as I have memory
I will love you
Our gracious God will never let us part.

--

My beautiful 26-year-old daughter Danielle touched this world and left such a mark on it that she will never be forgotten. The man that so brutally stole her from this life failed because in the end she is with God, and remembered every second of every day for the amazing mother, daughter, sister, friend and teacher that she was. Evil can never erase goodness and beauty. Danielle's soul was filled with beauty and goodness. Until we are together again I will honor her life in all I do.

--

Mom,
You were so incredibly strong, and had a beautiful soul, your laughter was infectious and your heart had no limits. I miss you every day, but I am reminded of your love and lasting presence whenever I see a flutterby.

--

In loving memory of Cesar Gonzalez. My heart will ache in sadness and my tears will forever flow, what it meant to lose you nobody will ever know.

--

To my dearest Katie. May our grief experience allow others to heal.

--

Dad,
In your life you taught me who I should be. After your death I was forced to implement it. I
hope you are as proud of who I have become now as you were of me every day we were
together. I'll see you again.
David Lee Rea,
Just Because...
Just because
It appears you are not here
You are
In my heart
My mind
My soul
You are here!
Just because
It seems I cannot see you
I do
In my heart
My mind
My soul
I see you!
Just because
Life keeps going on and on
I never stop
Thinking, living, and experiencing
Your being
Your life
Just because
The pain seems
Too deep
The price is too steep
To say you
Are gone
Because
You are NOT!
Just because
I don't understand
The bigger plan
I can
Choose to breathe
And relieve
The need
For answers
And just
Be thankful

For you.
Just because
The longer I live
The more I know
I do not know
Anything—really—
Except
What IS
Just because.
I love you so much!
Mom

--

My grandfather was a good man who worked for his children and loves his grandchildren.

--

My Grandfather was one of the best men I've ever known. It's truly a blessing that I got to know him. I wish you could have too.

--

I want to send love to my aunt in Heaven. Thank you for being my second mother, for taking care of me when she was not able to and for loving me and teaching me how to forgive and love as well. You radiated love in who you were and to each person who knew you. I love and miss you every day.

--

Grandmother, you were a joy to be around. I hope you are over the moon with Granddaddy.

--

To my uncle that was never understood, I will forever stand by your memory and grieve. I will remember you for who you were and not as what they made you out to be.

--

Putz,
To the love of my life, I love you and miss you very much. I'm looking forward to the day that we'll be together again!
-Dweeb

--

My Papa was an outstanding man with infinite character. He truly touched every life that he came across. In Loving Memory Freddy Pierce.

--

To my sweet, loving, free spirited Grandma Mindy. I hope you know how much you are missed and how much you are loved and thought about daily. There is not a breath that I take where I am not missing you, but I know soon we will meet again. I love you.

--

Randy,
I love you. I hope you heard me singing to you while you were on your hospital bed. It was so hard for me but I know you aren't in pain anymore and you're okay. I love you.

She sung to me on every birthday that I had.

--

Margaret,
I wish I had another chance to say goodbye... I bid farewell to the woman who was a true role model for me as a child, and who lived every moment I knew her to the fullest. To those who read this, never take those who give a shit about you lightly. You never know how your life will change in the span of an hour. Take every moment of your life and make the most of it, and never ever waste a second being anything less than what you are capable of.

--

Thanks you for all that you did for us.
-David

--

I'll never forget sitting on your lap, and letting you blow-dry and brush my hair after baths as a kid. Love you Gramps.

--

Chloe Marie Bencivengo
2.9.99 - 1.20.17
Forever in our hearts.

--

We miss you baby.

--

You will be missed

--

Tika,
I love and miss you. I hope you're in a happier place.
Noriah and Laylanee, Mommy loves you from the bottom of my heart. I hope me and your brothers make you proud in everything that we do!

--

Mom, you were such an example to me in my life, and I hope that someday I can live up to that and be the person you wanted me to be.

--

GFWDGN!

--

You were, are, and will continue to be beautiful.
Until we meet again...

--

Rest in Peace Grandpa.

--

Katelynn Roberts, you were the best thing that ever happened to me, and I wish it would have been me to die at 17 and not you. Daniel Reulbach, you were the best uncle I could have asked for. You were my dad when I didn't have one. Jeff Samms, I know life was hard, so you took yours away but you will always be in my heart. Cecelia Cross, you fought so hard against cancer. You were an amazing woman. Sammy Roberts, thank you for being you.

--

To my daughter,
Corey. I loved you from the moment you became a part of me. It never mattered that you weren't who you wanted to be or who you thought I wanted you to be. You were you and that was the precious gift God gave me. I will treasure you for the rest of my days. I love you for all

of both of our lives and beyond. You will always be my baby girl. And I will always be your Mom.

--

I'll always miss you Allie. I'm sorry that I wasn't better.

--

In memory of Papa.... you are loved and missed.

--

My Dad was such a happy guy and you would be hard pressed to find someone that ever had anything bad to say about him. Everyone loved him. He absolutely LOVED his family, especially his grandkids. He loved fiercely and I will do the same, in his honor. I was pregnant when he passed and named my daughter after him. I have had a Charlie to love my entire life.

--

Thanks for being there, I miss you but I know you're doing fine...

--

Love you Aunt Becky.

--

Love you.

--

Casey,
This is for you. Years later, and you're still making an impact on this world. I love and miss you more than you could ever know.

--

All of my love, OOG. You are missed and loved each and every day.

--

My daughter Kayla Nichole Franzoni was an amazing woman and mother. Sadly, her life took some unexpected and unfortunate turns that led to some wrong choices. She was so smart and sweet. We miss her more than words can ever express, and her daughters love and miss her.

Her absence is remembered every single day. Kayla had a smile that could light up the world, and a contagious laugh. We miss you and can't wait to see you again!

--

Will you, Elizabeth DeGray King, forever rest your worn body into our beautiful earth.

--

I love you more than life and I miss you every day. I can't wait to see you again. Thank you for watching over me, I know you're always there.
Love you forever kid.

--

Hi everyone,
Meet my beloved brother named James Barry who was stabbed to death by his ex-girlfriend who couldn't accept the fact that my brother wanted to move on with his life. She was his first and only girlfriend. James was Born May 28, 1995, and his life was taken away from him on November 17, 2016.

The very same day of the breakup she removed her belongings from my mother's house. She was there all the time. My brother texted one of my parents that evening letting them know that he was no longer dating that girl, and he tried making things work but she did stuff in the relationship that caused the break up. My brother did nothing but love that girl. We also treated her as if she were a part of the family. Little did he know that she would end up killing him with NO regard for his life, and she left them there to die.

That very same night she was stalking the house waiting for everyone in the house hold to fall asleep. My brother's best friend slept over that night to support my brother too, you know keep him company just like best friends do.

We still do not know how she got in to the house that night which is frustrating. Until we have our trial which is still undetermined we will find out. What we do know is that she came in thru the back door and James fought for his life, James didn't see it coming with her stabbing him right near his heart leaving him to die within 60 secs. He ended up dying in his best friend's arms. She left the scene right away, and she left for her home state Maryland; thinking that she would get away with this. My brother wouldn't ever hurt a fly. He was just a person who was full of love. He didn't have a dark side; he truly was a perfect son. The night I received the phone call from my father around 1am I knew immediately something was wrong. Maybe someone in the family was going to the hospital, but not my brother getting murdered. It's just something I thought could never happen, not to him! Not my brother! Well it did.

--

Nicole you are an amazing person, I will do my best to make you proud. You have always been so kind, thoughtful and loving. You have made me proud to call you my daughter. I will see you again, and please look out for me I still need you. Love you more Princess.

-Collee

--

I love you Kyle. I know you were in a bad place in the time of your suicide but I hope you've found peace.

--

In memory of Rachael J. Strader, Mom, Grammy, wife, friend, artist and woman of boundless energy. I am proud and grateful to be your daughter and will strive to pass on your wisdom, your determination, and most importantly your love to your grandchildren as you gave them to me.

I love you,
Mom

--

Miss you and love you still Zach!!! <3

--

My Johnny Trevino,

You were the Jack of all trades. You are dearly missed and needed my love. Until we meet again...

--

In loving Memory of Shannon Hill Polster. She was a loving daughter and a gifted caregiver who was taken away at way too young of an age.

In Loving Memory of Ronald Edward Hill. He was a wonderful husband and a loving grandfather whom without, I'd be noting in life. He gave me everything I needed and wanted and all of me wished I could've had 20 more years with him, but I will forever cherish my 17 years of life he was there always supporting and loving me, no matter my faults.

--

For Wood Rehling, my dad. I miss you every single day.

--

RIP Auntie. I've never cried so hard in my life and I can't believe that you are gone. I love you. See you later

--

I love you so very much and I wish we could've talked more especially after everyone found out that I was pregnant. I wanted to hear your voice, but I had no idea that you were sick. I thought you were just ignoring me/avoiding me. I miss you and I love you, and thank you so much for your talks because they have helped me grow. You showed me how to be more accepting of myself and to strive to be my best because it is by far more important than being the best. You were so wise and so funny. I hope you're enjoying heaven. Rest in Paradise.
You were like a parent to me, I love you grandpa

--

For my uncle Bobby, who gave me a place to hang out when my parents fought, listened to every short story I wrote, and never told me that I couldn't do it.

--

I know I'll see you again

--

For Duncan Sadat Robertson:

I sincerely hope that you are free from the pain that caused your departure and that you are doing your best to heal and mend the hearts you have left behind. I love you and will always miss you.

Your wife ~ Erica

--

Willis,

I miss you. You were an amazing person thank you for knowing me.

--

I will not let you guys down, I know it's hard to see that with all this chaos in my life going on. Just remember everything settles. I miss you.

--

To my amazing cousin, Alondra, you were so sweet and caring and your life ended way before it should have. It's been a year and a half and I still miss you. Everyone still takes care of your crazy pets and garden. I hope you're resting peacefully in heaven.

--

RIP Jordan Thompson, love and miss you bud.

--

My last ally was lost when you left, Papa.

--

I want you to know that we all miss you deeply. And I will never forget you one bit; I will never forget your horror stories you used to tell us, your smile you always carried even when things in your life weren't perfect. You were so strong. I still have the stuffy animal you bought me, and I promise I will keep it forever

--

Corey,
You are still loved, and we miss you every day. Though we have all moved on, we will always love you.

--

Brenda was a beautiful woman who loved life. She was a great wife, mom, sister, daughter & friend to so many people. She loved her family, her friends, and her community. The outpouring of love and all the people who showed up at her funeral showed me and others how much she was loved.

--

I remember my son, Neal, 27, my grandson, Devon, 7, and my grandson, Ian, 3 1/2. My beautiful boys. All murdered in 2007. Always loved.

--

Rest in Peace Christine Maria. She was only 24 and "died" of a broken heart. Her boyfriend passed away of heroin overdose too. Heroin took my only sibling to heaven. She is missed every day. Life doesn't seem the same without her here.

--

You left before I could say goodbye. Tell Whitney to sing to you in heaven.

--

Free Byrd. He will fly high.

--

I have actually lost three friends due to suicide. I didn't realize that until actually taking this study. There is so much pain in this world, however, there is a promise. Revelation 21:4 states, "And he will wipe out every tear from their eyes, and death will be no more, neither will mourning nor outcry nor pain be anymore. The former things of the past have passed away.

--

Love Life

--

My husband and my son were lights in the darkness. They loved and laughed. They gave the best that they had to anyone that had a need. They made the world a better place.

--

I know my baby is safe in the arms of God, and I hope to be with my baby in Heaven one day.

--

I love you Paw Paw! I miss you every day, and the song you sang to me rings loud in my heart every day!! I love you and miss you!!
Rest in peace Jim.

--

I wish that I could write him in on my ballot for the next president. There are men like John Wayne, Augustus McCrae, the Lone Ranger and his Indian friend... but there will never be another man like him. I love you Grandpa!

--

To Shannie:

I'm sorry for not being closer. You were pure of heart and clearly too good for this world. I can't wait to see you again, my friend.

--

You were, are, and will continue to be
Beautiful
Until we meet again...

--

March 13, 2015 - the day the world became a little darker. I will love and miss you forever, Sister.

--

My most loved mother, my goodness I miss you - and need you. I can't bear the thought of never seeing your face or hearing your voice again. Very little is a joy for me, since you left. I wish you would have left me a note of love. But nothing. I can't imagine that you had no last words for me. We were so close - and "loved" each other. Why mother???

--

Gabe,
You were one of the few things I ever got right. You were loved by more people than you know. We miss you every day. Many of your friends have gotten sober and may stand a fighting chance. I wish I could have taken your Bipolar depression from you, or at least gotten you to take the meds that you hated. Your life mattered. We are proud of you and we will always miss and love you. We have all tried to forgive you and hope that you are at peace with yourself and life. Till we meet again.

--

Thank you, Daddy, for being the person I strive every day to be like.

Rest well, Isiah. I'm so sorry with how everyone, especially your family, misunderstood and mistreated you. You deserved better. I really wish I could have done a better job helping you find something to live for.

--

Miss you always Glen. Much love x.

--

Was truly blessed to have met, married and have 3 children with my husband. I'm glad he is at peace now and look forward to see him again one day.

--

In loving memory of a man who, despite his own struggles, was able to light up any room and bring joy to all those around him; no matter the circumstance.
Robby Joe Stewart III 1980-2013

--

Tom,

Words can't begin to describe all of you, or your essence. You have a very loving heart, a heart I saw and felt from the day we knew love was between us. You had great patience, were affectionate, easy, gentle, a great sense of humor, and always a gentleman to me, taking me under your wing. You were loved by others more than you realized. You served your country proudly for 20 years. You were an excellent master welder, and I was so proud of your skill. You showed me your life, where you grew up, told me your secrets, had many adventures with me, shared your fondest memories - memories of climbing the mountains near your Native American home, your friends, and escapades. You told good stories about your football and athletic achievements, the fun of fishing with your Dad, how he taught you skills you were proud of, shared your heritage with me and the different way of life you had with all your relatives, making me think that I was right there living it all with you. Mostly, you took me places no one has ever taken me. You opened me up with your music - and I laughed at the enigma of your hard rock to your country music. Your life was rich. We enjoyed nature together and we enjoyed our banter. We were content just to be together, even if we did nothing. I watched you grow and overcome many personal obstacles. I am proud of the man you were and became to be in every way. I found my real playmate, soulmate, partner in all things in life with you. You added to my life. You left your mark and emblazoned your soul into mine. I am honored that you chose to love me. I am and always was in awe of you. You are my heart. I am yours, forever. I miss you fiercely, love you dearly like no other, and I look forward to when we will be together again.

-Laurie

--

Betty Joe Winton

Preston was the greatest big brother anyone could ask for. Even though we argued constantly, we had an emotional connection that I will never find in anyone else. He was ridiculously witty, charismatic and could pretty much get anything he wanted in life just by smiling, haha. He was so caring towards his family and friends; he would do absolutely anything for his loved ones. I miss his big bear hugs and late night conversations. This experience has caused me great pain and confusion, but I'm thankful that I have become more motivated than ever to live to my fullest potential in order to make you proud. Even though it pains me that you're gone, I'm so happy to have been graced with your brotherly love for 19 years. I love you so much, Bubba.

--

I'm sorry we couldn't mend our relationship

--

Kacey Smith

--

Uncle Clarence,
I miss you and the whole family misses you, but we know that you are alright and not in any pain. Thank you for being a wonderful person and loving everyone that you met.

--

My best friend Joe was the kindest, most radiant and loving person that I've ever known. It was an honor to be his friend. I'll always carry him in my heart.

--

My brother Dan died. My mother died. My father died.

--

Have a martini for me Uncle Bob; it's five o'clock somewhere.

--

In Loving Memory & Honor of USMC SGT & Irving Police Officer Cesar Villanueva
#Remember999

--

To Benjamin Donahue, you will always be the "Life of the Party."

Learn to love, forgive, and, cherish others.

--

I miss you more than you could ever imagine and hope I get to see you again
-Love you Grandma

--

Tio Alfredo, we will always remember you and keep you in our hearts.

--

Matilde Ybarra

--

To my son Kevin Bosnick, life will never be the same without you! Love you forever and ever!

--

For my father, Trent Carmichael. An amazing father, brother, and son who was lost too soon.

--

Forever in my heart. I love and miss you daddy!

--

Rest in Peace, Timmy D. I hope you found your way up there.

--

Gus Demetriades II was a great man, husband, friend and dog lover, and I wish that he would have lived longer to enjoy this beautiful life. He made one small mistake, which snowballed into a huge mess and the best way he knew how to stop it was suicide. For all who read this, contrary to some popular belief, my husband wasn't selfish, nor stupid for committing suicide. He thought it was the best option to end the mess he was in. Gus had a degree in History from The Citadel and was working on his MBA. He loved coins, antiques, to travel and most of all, me. He was a fantastic human being and I will always be thankful for the time we had. Until we meet again...I loved you more.

Andi Demetriades

--

You are always in my heart never to be forgotten. I love you dearly.

--

Mom, I wish you could see the person I've become today. I became someone who has treasured relations only treating my girlfriend the way you taught me. I've come a long way to play college hockey and to be the first in the family to graduate from college. I just wish you were here to witness everything with not only me, but with my sister and father. We love you and miss you.

--

My grandmother was an incredible godly woman that loved her family, unconditionally. Although, as a child, I didn't understand her wisdom and grace, as I grew into being a young woman I was able to learn more about myself through her wise lessons and life experiences.

She truly was and always will be a soul that one could feel from afar. Her laugh and smile was contagious, her classy ways were enviable and her love for God was undoubtedly admirable. I will always believe that Gods plan is the best plan over all others, knowing that creating my grandmother and allowing her to work in my life ultimately led to her being brought home after a short but incredible 64 years. A funeral with 500 plus people in attendance says all that there is to be said about what kind of woman she was. Love you Phoebe Jean.

--

My daughter Rachael Salmon was brilliant, incredibly funny, beautiful, strong-willed, and loving. At the age of 14 she lost her battle with bi-polar depression when she was overwhelmed by a pain that none of those around her could comprehend. Her death as forever changed the lives of everyone who knew her, and has inspired many to choose life. Though it has become easier to live without her as time passes, I will never stop missing her or wishing that she was still here.

--

Until We Meet Again, Josh Daniel, Forever 30. Sunrise 4/16/2016 - Sunset 6/26/2016. Love you FOREVER.

--

To my dad—I carry your heart.

--

Thank you for choosing me as your mum. I love you and miss you.

--

Thank you Aunt Karrie for being strong and showing me how much to appreciate life.

--

Det man förlorar på gungorna tar man igen på karusellen. Jag älskar dig mormor och farmor.

--

For Katidid—Who made me a better person and this world a better place.

--

Fly high Max, we love and miss you.

--

I love you dearly and will miss you forever. I know you will always be in my heart. Thank you so much for the huge impact you have put on my life.

--

No one can tell you who you are, but you. - Aunt Lucy

--

We love you, forever and always.

--

Love you Uncle Candy Paint, fly high

--

Rest in Peace to my dear uncle John-John. He passed away from Cerebral Palsy and he will always be remembered as an angel. He could not speak, barely could hear, and could partially see which I believe makes him an angel. I will forever miss you and I love you so much.

--

I miss you Grandma, thank you for loving me.

--

My husband was my soulmate in every way possible. I didn't know what real love was like before I met him. I had been through a horrid first marriage, an abusive childhood, and I didn't plan to ever marry again or trust anyone again. He changed all of that and as soon as I saw him, something in me responded to him. It was the same for him. He had never married and was worried that he would never meet "the one." So, we were there for each other as great supporters. We agreed to disagree if we could not come to an accord. We talked and communicated so well with one another. The more I knew him, the more I loved him. We treated each other with respect and most of all we had fun. We loved to play silly games and flirt over chat rooms. We found ways to use humor to help us focus on what was important in our relationship. He was a veteran, a philosopher, a composer, a humorist, my partner, my lover, and my best friend. He is just a part of me. He made my life better and reading his journals shows how much I made his life better. I will always love him. That love is just a part of me now.

--

From the moment Athena's daddy and I met, I we knew we wanted her. We never wanted children but when Athena came we had never been so sure of something in our lives. Reviving the sparkling memories of my husband reading the pregnancy test to the day that I hit 36 weeks to the moment she was born at full term, 39 weeks. Nine beautiful heavy months of true love. Belly rubbing, shower planning and life changing events. She had been born healthy gorgeous, soft and smelling like bliss but she was sleeping not to ever be awoken. Our beautiful sleeping beauty. Daddy's little girl. My strong warrior of a husband stood tall with me as we picked up our daughter from the cemetery. We had decided to continue living loving and growing as she would be us forever. Since November of 2013, my husband and I have witnessed phenomenal events and items shared by our daughter. We now raise Mammoth and Bush Sunflowers for Athena and those who may accompany her in Valhalla. We had been gifted a scrapbook that the heart felt nurses created for us. It was amazing. They had given us an option for pictures and we said yes. It was and is the only way we see her now. We now collect items for our local hospitals and families called Athena's Scrapbooking in memory of her. If you ever need a friend and your heart is in the right spot, just think of wide heavy sunflowers waving in the wind and maybe just maybe you will also feel her magic. If you believe in love, anything is possible.

--

You will always be on my mind Stephanie and Kevin

--

Love life!

--

Christopher Charleston, you will forever be missed.

--

I love you, Grandpa. Thank you always, for the lessons in hard work and patience you continually teach me.

--

Jeffrey Lance Rizzo was a beautiful person who made a positive impact on many people's lives. Especially mine and his children's. I loved him dearly before he left us and I still love him today. He is truly missed every day.
RIP 3-21-1972 to 12-23-2011

--

Her legacy is love.

--

Mr. Johnson and Socie you guys were far too young. Although there were many factors that lead to the decision you all made. I wish instead of hitting the bottle you would have hit me up to talk or chat. You will be missed, and thank you for your teachings.

--

Our son, Johnathan, through his life and his death is impacting lives. Through his struggles, he opened our eyes and hearts, to be better people. Less judgmental, more compassionate and forgiving. Since our loss of Johnathan, there are at least a dozen people who are in active recovery. People reach out to us for support by sharing our son's life. He is very much alive, within us, and by the grace of God we continue his work. In memory of our amazing Johnathan, whom we are so proud of, we are blessed to call you our son.

--

Jeremy D. Smith

--

In memory of the best daddy and soulmate anyone could ever hope to have. You are in my heart always. May God keep you in his loving arms until I see you again.

--

Shelby Grace Ann Cole... you are my hero... forever in my heart and always on my mind.

--

As long as I'm living my babies you'll be. Allyson and Brooklyn Nepote 5/24/09

--

I know you look over me all the time Ammama. I love you.

--

To Papa--my grandpa, teacher, role-model, and the best tickle monster whoever was: You inspire me every day. Your humility, honesty, and drive to improve the world while uniting factions reminds me to work together with other people, to empower others, and to always strive to do the right thing. Gone, but never forgotten, and still improving the world.

--

To Tyler, I'll live every happy moment to hope it makes it to your heart somehow.

--

Uncle Roy I love you so much, you were so great in our wonderful and God has received another lucky individual in heaven. When my time here is done, I'll be waiting to see you.

--

My grandfather took care of me until I was five years old. His last few years on this earth he only enjoyed his long walks to the neighborhood bar to talk and to think. He was taken from this world by a carless driver who hit him on the side walk.

--

To my father, my daddy, Daniel Melone, I love you and miss you every day, every moment. I wish you could be here to share this life with me and know your son-in-law and granddaughter, but we do our best to include you in our family even without you here. Thank you for all that you have taught me. "My step is sure, and I know my name. I'm strong just like you prayed I'd be." To my cousin, my brother, Joe, you were my soulmate and my best friend. I lost a part of my identity when I lost you, and I often feel like a wanderer without you. You will forever be in my heart (and next to me in the car blaring NSYNC). You were my little brother, but you taught me so much. Most importantly, you taught me to love and be loved, and I try every single day.

--

I love you Dad and I miss you every day.

--

To my Uncle Andrew, Gone way too soon. Happy Birthday. Love you always.

--

John expressed his love for me in our 28 years together in a way that taught me what earthly love is supposed to be. I thank God for the precious gift of my husband.

--

I love and miss you Patricia Brown always and forever!

--

Jack Greene, he was my hero and my grandpa.

--

Tissia Ann Reed

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